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ABSTRACT

This practicum took place in seven treatment programs that offer residential, day treatment, and therapeutic school services to children and adolescents with social, emotional, and/or behavioral problems. Each of these programs provides milieu therapy including group-centered treatment guided by professional child and youth care counselors. The programs use a group-centered treatment model known as Situational Decision Making, and this practicum aimed to increase the degree of group leader compliance with the model's procedures. Improvement was addressed by the development and utilization of a group observation rating scale. Groups were observed and procedural items were scored, resulting in a percentage score called the degree of compliance. The scored instruments were returned as feedback to group leaders intending to increase the degree of compliance with prescribed group leader procedures, and summary results were shared with program administrators and managers. Groups were observed a second time to determine any change in degree of compliance. Results of the practicum indicate that average group leader compliance levels were substantially increased, although some individual group leaders did not improve at the desired level. Administrators and managers became more accurately aware of the degree of compliance in their groups, and their confidence in their ability to evaluate the degree of compliance increased. Appendices include the telephone questionnaires and several versions of the rating scale for group-centered leadership training. (Contains 19 references.) (JDD)

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Increasing the Degree of Compliance With Group Treatment Procedures in Seven Residential, Day Treatment, and Therapeutic School Milieus for Children and Adolescents

by

Jay J. Jones

Cluster 39

A Practicum I Report presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfilment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1992

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Approved:

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ABSTRACT

Increasing the Degree of Compliance With Group Treatment Procedures in Seven Residential, Day Treatment, and Therapeutic School Milieus for Children and Adolescents. Jones, Jay J., 1992: Practicum I Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Residential Treatment/Day Treatment/Therapeutic School/Milieu Therapy/Group Treatment/Group Counseling/Group Therapy/Program Evaluation/Group Observervation/Quality Control/Rating Scale/Program Implementation/Feedback/Job Performance

This practicum aimed at increasing the degree of group leader compliance with the procedures of a specific group-centered treatment model (Situational Decision Making). Initial observations indicated that group leaders were not consistently adhering to the procedures of the group model, and interviews among managers and administrators in these programs revealed that they were inaccurate in their estimates as to the degree to which their groups were following the model. The goal of the practicum was for greater uniformity to be evident in the application of the group-centered model, and for administrators and managers to increase the accuracy of their estimates as to the Degree of Compliance in their programs.

Improvement of the problem was addressed by the development and utilization of a Group Observation Rating Scale. Groups were observed, and procedural items were scored. The cumulative result of these ratings was to acquire a percentage score considered the Degree of Compliance. The scored instruments were returned as feedback to group leaders intending to increasing the Degree of Compliance with the prescribed group leader procedures. Some groups were evaluated a second time to determine whether or not the group leader performances had improved. Summary results of the observations were shared with program administrators and managers in an attempt to increase their awareness of the Degree of Compliance in their own programs.

Average group leader compliance levels were substantially increased. Although some individual group leaders did not improve at the desired level, all group leaders did improve their level of compliance with the procedures. Administrators and managers became more accurately aware of the Degree of Compliance in their groups, and their confidence in their ability to evaluate the Degree of Compliance increased.

Permission Statement

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December 28, 1992

December 28, 1992

Jay J. Jones

CHAPTER I

INTRODUCTION

Description of the Work Settings and Communities

The writer provides consultation to seven child and adolescent treatment programs who offer residential, day treatment, and therapeutic school services. The residential components of these programs range from 40 bed to 78 bed group living situations. These agencies are serving a total of approximately 450 clients, with an estimated 1,000 clients served per year.

The clients are distributed between seven large institutional campuses. The type of community setting varies greatly between the programs concerned. Two programs are located in a light business area. Three programs are placed in middle class neighborhood areas. Two programs are placed in isolated areas, away from neighborhoods or businesses.

Four separate nonprofit agencies operate these programs. Each of these programs has a therapeutic school component that provides for the intensive educational needs of the children. Three of the programs operate their own non-public schools that they govern under the same administrative and organizational auspices as their residential programs. The remaining four programs have onsite and other exclusive use school arrangements provided by local public school districts. These in-house type educational situations serve most of the residential clients, but some children are mainstreamed into the regular public school system.

Three of the agencies also offer day treatment components that work together with their therapeutic school programs. Students in day treatment participate in the school, along with residential treatment clients. These programs can shift students from the day treatment to the residential component without disrupting the client's educational situation. The clients served are children and adolescents. These services--residential, day treatment, and therapeutic school--are provided to clients who have not been able to benefit from traditional public education programs. These programs serve both male and female clients. The exact configuration of program settings, gender of client, and services provided is presented in Table 1.

Table 1

Client Gender, Program Setting and Services Provided Depicted by Program

Program #	#1	#2	#3	#4	#5	#6	#7
Boys	yes	yes	yes	no	yes	yes	yes
Girls	no	no	yes	yes	no	yes	no
Residential	yes	yes	yes	yes	yes	yes	yes
Non-public school	yes	no	no	no	no	yes	yes
On-grounds public school	no	yes	yes	no	no	no	no
Off-grounds exclusive use school	no	no	no	yes	yes	no	no
Day treatment	yes	no	yes	no	no	yes	no
Mainstreaming	yes	no	yes	yes	no	no	no
Neighborhood setting	yes	no	yes	no	yes	no	no
Light business setting	no	no	no	yes	no	yes	no
Isolated setting	no	yes	no	no	no	no	yes

These clients have been placed in special treatment programs because of social, emotional and/or behavioral problems that prevent them from benefiting from traditional educational situations. Most of these children and youths have emotional and psychiatric problems that interfere with their learning. There is a great frequency of conduct disorder (CD) and other behavioral disorders in these populations. All of these clients have learning problems. Most are severely emotionally disturbed (SED), often with other formal learning disabilities (LD).

Each of these programs provides milieu therapy including group-centered treatment guided by professional child and youth care counselors. These counselors typically have at least two years related college education. Most of the counselors have four year degrees. Many of these counselors have master's level education.

Each of these programs uses essentially the same group-centered treatment model. This group-centered model is known as the Situational Decision Making model (SDM) which has been elsewhere (Stringfield, 1977). The model has been used in these programs for varying time periods ranging from 8 to 16 years.

Stringfield founded the SDM model, which this writer helped develop. Stringfield originally implemented the model in all but one of the subject programs. This writer has provided ongoing modification and consultation for the past nine years. This writer has been involved in the development, application, and implementation of this treatment model for 19 years.

The Writer's Work Setting and Role

Historically the writer has been program director in program #1, and assistant director in program #2. The writer is currently a treatment program consultant to all seven programs described in this paper. The writer is responsible for the inservice training, ongoing modification, and monitoring of the group-centered treatment component.

Some variation in the execution of the procedures is useful to minimize overly mechanical application and other forms of rigid institutionalization. However, major deviation from group procedures--and especially the model's basic design--causes unwanted erosion, and is not desirable.

Erosion in the implementation of the model caused ineffectiveness in the treatment program. This was problematic because inconsistencies in the application of the model were often confusing to group members who observed dissimilar or contradictory group procedures. This also complicated the training and orientation of new staff. The actual groups that staff were participating in looked different from the groups that were described in their basic training.

Great variation in the group-centered techniques had also negatively affected therapeutic results and treatment evaluation. Therapeutic results that the consultant and managers used as reference points of client improvement were tainted. This was because the consultant and managers could not know to what extent the group leaders had actually applied the model. Excessive variation in the model's application also resulted in inaccuracies in program evaluation. Such inaccuracies diminished the validity of our estimates of the treatment model's appropriateness for specific clients. Inaccuracies also diminished the validity of predictions as to the usefulness of this model for more generalized client populations.

Problem Documentation

The group leaders were not following the procedures of the group model consistently enough in the actual group sessions. Evidence of this problem was supported by (1) manager interviews, (2) trainee comments during basic training, (3) client comments during group sessions, and (4) the writer's direct observations of group sessions.

1. Interviews with administrators and managers provided documentation of the problem of lack of conformity with the group model. Telephone interviews were conducted among supervisors, managers, and administrators (see Appendix A). This writer called the respondents individually and asked them four questions each. Each questions had several possible replies. These replies were read to the respondents over the phone. Each respondent selected the pre-defined answer that best fit his or her view on the question.

The writer interviewed Sixteen managers from five of the seven programs. Of these 16, six were not directly supervising group leaders, and five had never received the Basic Training in the group model. The persons interviewed were one executive director, three directors, two assistant directors, three program directors, two admissions officers, and five treatment team supervisors.

It was the consensus of those interviewed that--although they had confidence in the group model--it troubled them when deterioration of the group procedures occurred. Nine of the persons interviewed felt their program implemented the group model well, in the 80% to 90% compliance range. Yet 10 agreed that they did not know of an effective way of systematically evaluating the uniformity of application of the model. Seven of the managers reported that they believed significant inconsistencies in the implementation of the model were occurring. These seven estimated that their groups were in the 60% to 70% compliance range. Four of the respondents admitted some lack of confidence in their ability to know what degree of compliance with the model was occurring at any given time.

2. Documentation of the existence in the problem of lack of conformity with the group model was found in the comments and questions of participants in training. The writer had conducted the three day basic training series a minimum of six times per year for the past five years or more. In most of these sessions (at least two out of three) participants revealed that they did not recognize many of the procedures being taught. The writer got this impression from direct questions and comments from the participants. The writer also observed that the participants were unable to describe or role play the procedures when asked.

Each of these participants had been participating in the daily groups using the model between one and six months before attending the basic training. Yet in at least two out of three of the basic training sessions the participants expressed confusion, discouragement, and alarm. This was because the group procedures the writer was presenting in training were different from what the participants were observing in the actual group sessions.

It is not uncommon to find a discrepancy between what a trainee learns in training and what the trainee sees in practice. However, the degree to which some trainees were unfamiliar with the methods seemed excessive. The writer's observations of the groups to which these trainees were assigned matched with the trainees perception of compliance with the group model. This observation has served to strengthened the speculation that considerable deviation did exist.

3. Documentation of the existence of the problem of lack of conformity to the group model was found in the content of questions from clients. Client questions and comments had been presented to the consultant. Often the questions revealed confusion as to the right way to execute a particular procedure in group. This made obvious the fact that different group leaders were conducting the group meetings in substantially different ways.

4. The writer found documentation of the existence of the problem of lack of conformity to the group model in direct observations of group sessions. These observations often revealed that group leaders are were following the group procedures in consistently.

There were 28 separate identified reference groups meeting daily in these programs. These groups had members who shared a common living unit or educational situation, and for whom a specific interdisciplinary team of professionals shared treatment responsibility.

It had been standard practice for the writer to observe each group at least quarterly. Usually an oral critique had been given to the group leader following such an observation. Often a written critique had been dictated and sent to the group leader and unit supervisor or team leader. Always, the writer took notes on relevant aspects of the group model's implementation.

In order to use the group notes to document the problem, samples of the group notes were reviewed. The writer categorized the notes from all group sessions that were observed during a 42 month period from 1989 to 1991. The total number of group sessions categorized were 132. Of these 132 group sessions the notes from 28 selected group sessions were reviewed.

When the writer reviewed notes from a particular group, the writer often saw repetitious errors in implementation of the procedures. This occurred even though the group leaders, unit supervisors, or team leaders had been given feedback on the problems observed. To use the group notes to document the problem, the writer reviewed samples of them. The writer categorized the notes from all group sessions observed during a 42 month period from 1989 to 1991. The total number of group sessions categorized was 132. Of these 132 group sessions, the writer reviewed notes from 28 selected groups.

The writer used a method of random selection to determine which of the remaining group sessions the writer would review. All group notes from the sample of 132 group sessions were initially reviewed. The writer did this to find out if there was sufficient material in the notes to give a broad view of group procedures. This would be necessary in the evaluation process. From the notes the writer considered adequate, the writer randomly identified and evaluated one group session for each of the 28 subject groups.

A subjective rating was given to each group session. The writer designed the rating to depict the overall degree of compliance with--or conformity to--the group model. The writer depicted the degree of compliance in terms of percentages; That is the percent of the group procedures that met the compliance requirements of the model. These percentage ratings were given in increments of 5%.

Percentage ratings revealed that 18 of the 28 group meetings evaluated fell below the 70% compliance level. The full range of compliance varied between 85% and 55%

compliance with the group model. Specifically, the percentage ratings were as follows:

Table 2

Degree of Compliance of the Groups Evaluated by the Program Consultant (Writer)

Compliance Rating	Number of Groups Observed
85%	1 group
80%	4 groups
75%	5 groups
70%	9 groups
65%	5 groups
60%	2 groups
55%	2 groups

These ratings were significant and alarming. There was an obvious discrepancy between the estimated ratings of the managers and the ratings of the evaluator. To the writer this indicated that managers were significantly overestimating the degree of compliance in their programs. The logical consequence of such an overestimation would be that the treatment was not being provided to the extent that the managers thought. In a group-centered program this has a magnified effect. Since all dimensions of the treatment program revolve around the use of the reference group model to integrate their effects, the total treatment effort would be jeopardized by any significant reduction in the effective implementation of the group model.

Causative Analysis

Many factors were considered as causes of the problem of inconsistent application of the techniques and procedures of the SDM group-centered treatment model. Although some causes seemed more directly related than others, a review of the writers view of causation hypothesis follows.

There had been a growing interest among youth serving agencies who recognize a need for a systematic therapeutic milieu model. The need was in excess of the resources required for adequate implementation. The writer had received inquiries from other institutions who serve clients similar to those found in the seven programs described in this practicum. Those inquiries often included requests for literature on the SDM model.

As an example of interest, the writer was requested to make a presentation on the model to program administrators from across the country. This presentation was given at the

National Convention of the National Association of Homes for Children (Jones, 1988). Those in attendance wanted a description of the model, with special interest expressed in the difference between this group-centered model and other models.

The questions presented at the conference reflected frustration with the limitations of other models, including the individual casework models, correctionally oriented models, vocational models, behavior modification models, the Teaching Family model, and Positive Peer Culture, as well as others.

In all fairness to the models referred to above, the issue of frustration with the limitations of various approaches to treatment deserves comment. As the reader will see from the focus of this practicum, there is a great problem with treatment programs thinking they are applying a particular model, and blaming the model when they are met with frustration. When in fact the model they are blaming may never have been applied correctly in the first place. Then the frustration for the limited results is wrongly attributed to the model rather than the practitioners using the model.

The frustrations presented at the conference seemed especially urgent concerning the issue of how to get group members to share responsibility for decision making in the organization and operation of the living milieu. Also of great concern was the issue of how to get clients invested in positive values, as well as constructively involved in the treatment and change process of their group members.

Limitation of appropriate training and consultant time was often causal in these situations. For most treatment models implementation was better accomplished if one trainer/consultant served a limited number of groups. Beyond a certain point, there was a phenomenon of diminishing returns in terms of the ability of the consultant to provide quality control for the model. Given the increased interest in this particular model, there was not enough training and consultation available to support excellent compliance with the model in all groups using it. Thus, such limitations contributed to the problem area focused upon in this practicum.

Another causal dimension was found in the increasing complexity of youth serving treatment programs. The increasing complexity of these therapeutic milieus--required by the increasing degree of disturbance in the children receiving services--had made the previous degree of adherence to the details of the group model insufficient.

Historically, peer group models have been used with a fairly limited clientele. For example, Davis, Hoffman, and Quigley (1988) questioned the suitability of Positive Peer Culture as an appropriate mode of treatment for populations other than delinquents. Until recently, the majority of clients being served by peer type programs have been described as predominantly delinquents. Although there seemed to be reasonable evidence in the literature to validate the appropriateness of peer group models for the delinquent population, this was not particularly true for the use of these models for other populations.

With the degree of client disturbance steadily increasing in treatment programs like those presented in this paper, it had become apparent that we have been stretching the limits of our technology--especially if the models we use are only loosely applied. Weber (1988) pointed out references in the literature that measured the effectiveness of PPC with delinquents, but he indicated that this left questions unanswered as to the effectiveness of such methods with clients of differing backgrounds, ages, and presenting problems. Consequently, whereas in the past, approximate adherence to the SDM model's procedures seemed to be sufficient for treating less disturbed clients, this was no longer the case in our work with more disturbed clients.

Another causal consideration that contributed to the problem of inadequate adherence to the group-centered model came from the methods that had been used to teach it. For the most part, the SDM model had been historically handed down through in-vivo modes. Lecture had been used to present the basic training material. Practice occurred during the basic training. However, time for this practice was limited, and the degree to which this practice applied to live groups also had limitations.

In addition to practice in training sessions, trainees routinely observed their unit supervisors or team leaders in the role as the group leader. These observations were sometimes inconsistent with the formal training. As a result, these experiences caused confusion.

Experience or on-the-job training had been used extensively. But without close supervision and comprehensive feedback misapplication was often the result. Only a small amount of written training materials had been available. This resulted in over dependence on the other training methods mentioned above.

One additional causal consideration had been the limitation of training and consultation time. The writer had observed groups routinely. Because of the large number of groups operating and the limitation of the writer's time for each program, this service had not been given with sufficient frequency to ensure total integrity in the implementation of the model.

The writer generally provided oral critiques following the group meetings. These debriefings supplied feedback and recommendations to the group leaders. However, this had not been done with sufficient frequency to ensure detailed compliance with the group model's procedures. Also the usefulness of oral critiques had serious limitations in terms of how much information could be absorbed by the group leaders at any one sitting. In addition, the pace of these therapeutic milieus was demanding. It was often difficult to find adequate time after a group meeting to present a comprehensive oral critique. This was especially problematic given that time required for questions and answers along with discussion.

Written critiques of the groups were provided by the writer. However, these critques were not provided frequently enough to ensure totally adequate compliance, nor could they be given in a timely enough manner for optimal use. Also, the critiques contained insufficient detail to maximize their influence on practice consistency.

Other training techniques were used. Advanced group-centered training sessions were provided to each program at least once a month, and in some programs twice a month. These advanced training sessions were presented according to the following three formats:

1. There were three structured advanced training sessions. These sessions built on the structured sessions in the basic training. There was a logical sequence to these sessions that complimented the materials presented in the basic training.

2. Some advanced training was topical. During these sessions the training group reviewed specific aspects of the group process. The topical sessions were focused as a result of the writer's group observations. Topical focus was also determined by the concerns expressed by managers and supervisors related to specific procedures that needed improvement.
3. Some advanced training sessions were in the question-and-answer format (Q&A). In the Q&A format, group leaders were encouraged to ask questions of the trainer. These questions were usually related to specific problems group leaders were encountering as they attempted to implement the various procedures of the group-centered model.

Although the advanced training sessions were useful, the following drawbacks prevented them from ensuring totally adequate implementation of the model:

1. Before advanced training, group leaders who had encountered problems may have forgotten about these problems by the time the advanced training sessions occured. Although group leaders were encouraged to write such problems down, the passing of a month between advanced training sessions often made this impossible.

2. The incompatibility of advanced training schedules and staff schedules often prevented the attendance of all staff members who provided group leadership. This caused some of the group leaders to fall between the cracks and miss the advanced sessions.

3. The intensity of the milieu activities often detracted from the participant's abilities to concentrate on the training content. This was not encountered in the basic training sessions, since they were usually conducted away from the program's facilities.

4. Video taping of group sessions was provided. The video review sessions that teams engage in--with or without the writer involved--had the potential of providing great benefit to group leaders. By reviewing video recordings of the group sessions, group leaders often saw their own leadership performances in a new light. It is one thing for a group leader to reconstruct the group leadership performance from memory, and give a summary of the session to his peers and supervisors. But it is quite another thing to watch a video recording of the group, which eliminates the intentional or unintentional distortion that occurs from the memory method.

There were several limitations to the effectiveness of the video review method of skill building:

1. Team meeting time was at a premium. Several hours per week of team meeting time should have been made available for the team's use. Most teams seemed to be doing well to get in an hour or hour-and-a-half of unobstructed team meeting time per week. There were many necessary agenda items for a team to collaborate over other than group critiques. The comprehensive review of a video tape required two or three hours. This presented serious limitations on how frequently the team could use the video method of skill building.
2. There were limitations of the video review method. Although a video could be reviewed individually by the group leader, this eliminated the benefit of feedback from co-workers. The individual video review method lacked the necessary dimension of accountability that is required for most practitioners to spend their own time in such an activity. Although the group session could be videotaped, the tape would often not be reviewed by the group leader. Routine reviews had to be made a formal part of the supervision and training process for follow-through to occur.

Critiques and reviews of video tapes were also to group leaders by the writer. Although these critiques tended to be quite specific and detailed, preparation of these required considerable consultant and staff time. The review of the written critiques, along with the video footage, took a great deal of staff time. Also, the number of written critiques that were generated or oral reviews conducted were not sufficient to ensure full model conformity for all groups in operation.

Team building sessions were being conducted utilizing the SDM group techniques slightly modified for adults. These sessions had been conducted for each team on an average of 3 to 4 times per year. The team building sessions had been designed to improve consistency and congruency in all areas of team functioning. The group-centered techniques themselves were the main medium through which improvement had been approached.

The team building sessions had been intended as opportunities for the team members to observe the consultant/trainer as the group leader. This modeling served to strengthen the team's grasp on the group leader role. The team building sessions also allowed the team members to experience some of the effects that the group methods have on group members. Although team building produced beneficial results, the time availability and session frequency were insufficient to cause total compliance with the group model.

Relationship of the Problem to the Literature

Various references in the literature identified the problem of programs and practitioners having insufficient safeguards to ensure treatment integrity. Cantwell (1989) pointed out that it is difficult to know which treatments for disturbed children work. Cantwell cited inadequate detail in the descriptions of treatment procedures as one of the problems. He has reported several other common deficiencies in the research. First, many studies had not described exactly what was done in treatment. Second, studies often failed to stipulate duration, frequency, and intensity of treatment applied. And finally, information about who provided the treatment had not usually been given.

Pfeiffer and Strzelecki (1990) evaluated 34 studies on the effectiveness of inpatient psychiatric and residential treatment and found deficiencies in most of the evaluation designs. Most studies failed to describe essential details of treatment applied. There were insufficient devices utilized or identified that could ensure treatment integrity. There were few adequate descriptions or examinations of the full range of actual intervention forces operating in the milieu environments.

Wittaker, Overstreet, Grasso, Tripodi, and Boylan (1988, p.144) studied what they refer to as a "Group work program based on a modified version of a Positive Peer Culture. . . ." They recommended that innovative programs use instruments designed to verify that the treatment procedures are being used as designed. The authors consider such instruments necessary for providing vital information. These instruments should provide information on the effectiveness of various treatments. Such information would also be useful as feedback for practitioners and managers in youth serving programs.

Brendtro (1988) explained that Positive Peer Culture (PPC) was developed out of practice rather than academic theory. He hypothesized that this may be one of the reasons that objective program evaluation has been so limited with regard to studying PPC and other peer group models.

In fact, in a conversation with Brendtro (1990) this writer and other discussion participants commented on the problem of research being conducted in programs claiming to use PPC and other models. At hand in that discussion was the issue that many programs had inadequate methods for verifying that the model(s) had been used appropriately. Yet the results of evaluations of these programs could have dramatically effected the reputation of a particular treatment model whether or not the treatment model had been being used well or at all. Brendtro reported in this conversation that this was--and still is--an issue of great consternation to the developers and proponents of specific models.

Vorrath and Brendtro (1985), and Brendtro and Ness (1982) expressed concerns about the quality control of peer treatment programs. They listed and described several types of abuses that can occur when inadequate measures are taken to monitor the integrity of the treatment methods. Included in these pit falls are abusive confrontation, mechanical communications in problem-solving, distant staff relationships, inadequate listening skills, staff abuse of control, and lack of attention to individual needs. These authors went on to describe numerous studies that have been conducted to measure the effectiveness of PPC, yet no mention was made of how these studies had insured the integrity of the PPC model.

The issue of inadequately monitored programs has been alarming to other program experts as well. For example, Wasmund (1988) warned that without monitoring, peer group programs have a great potential for misuse. He considered this especially problematic because these programs were developed outside the mainstream of traditional practice, which has resulted in several complications. These programs have relied on largely informal training and consequently regulation of the application of techniques has been difficult. This has also made standardization difficult. These and other factors have all contributed to limitations in academic and professional acceptance. Wasmund criticized most studies as being more concerned with the end result than with descriptions of treatment methods applied.

Guided Group Interaction is a reference group treatment model that has been closely identified with the Situational Decision Making Model (SDM) (Stringfield, 1977). Although SDM is often identified as a peer group model, it is probably more correctly classified as a reference group model. In this writers opinion, the main characteristic differentiating peer group models from reference group models is that in the reference group concept the significant adults in the group (not just the peers) are also considered important influences in the treatment and change process.

One source has spoken to the need to evaluate the content of Guided Group Interaction sessions. Hill and Gruner (1973) used the Hill Interactional Matrix (HIM) to evaluate 156 group counseling sessions that were a part of the Provo Experiment. The Provo experiment (Empey & Erickson, 1972) was a non-residential treatment program for delinquent boys. Hill (1977) presented the belief that utilization of such measures enhances the quality of group process thereby improving treatment effectiveness.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals

The goal of this practicum was for greater uniformity to be evident in the application of the group-centered model. It was hoped that this uniformity would be found in a positive relationship to the recommended procedures of the model.

1. It was hoped that managers would develop increased confidence that the group model was being implemented consistent with the model's design.
2. It was hoped that trainees would be able to recognize the group procedures presented in their basic training as being consistent with the procedures they are using in group.
3. It was believed that client interviews would reveal that clients could describe group procedures with increased detail.
4. Most importantly, it was hoped that group observations would reveal an increased degree of conformity evident in the group sessions.

Expected Outcomes

Through implementation of the practicum, it was hoped that the goals stated above would be evidenced in the following ways.

1. Upon completion of interviews with managers and administrators, there would be an increased rate of confidence that the group model is being applied with an acceptable degree of conformity.

The specific objective was for these ratings to reflect increased managerial confidence as a result of the practicum activities:

A. Fifteen of the managers would state that they believed their program had generally implemented the model well, in the 80% to 90% compliance range.

B. Fifteen of 16 the managers would agree that they knew of an effective way of evaluating the uniformity of the application of the model.

C. Fewer than eight of the managers would report that they believed significant inconsistencies in the implementation of the model was occurring--that is in the 70% compliance range or lower.

D. No more than two of the managers interviewed would report a lack of confidence in their ability to know the degree of compliance with the model at any given time.

E. Four or more managers would indicate that they had great confidence in their ability to know what degree of compliance with the model was occurring at any given time.

2. During the observation of groups the writer would observe one group each from six programs one time per month during the implementation period. The degree of compliance with the group model would increase by no lower than 10% from the first administration of the rating scale to the third administration.

Measurement of Outcomes

Four outcome areas were originally proposed:

1. Managers should be more confident that the group model was being implemented in their programs consistent with the model's design.
2. Trainees should have been able to recognize the group procedures presented in their basic training as being consistent with the procedures they were using in group.
3. Client interviews should reveal that clients could describe group procedures with increased detail.
4. Group observations should reveal that there was an acceptable degree of conformity to the group model evident in the group sessions.

Due to various complications only outcomes #1 and #4 were measured.

Two instruments were used to measure the outcomes of the practicum. Both the Telephone Questionnaire (see Appendixes A and F) and the Group Observation Rating Scale (see Appendixes B, C, D, and E) were designed by this writer and others. The Telephone Questionnaire was utilized as a method of documenting the problem. The Telephone Questionnaire was also used at the end of the practicum trying to determine whether outcome #1 above was successfully achieved. The Group Observation Rating Scale was extensively modified during the course of the practicum (compare Appendixes B, C, D, and E). It was purposeful to alter the design of the rating scale such that it would become an increasingly more useful instrument as a result of the practicum process.

The major differences in the first and last version of the Rating Scale are (1) more items were added, (2) ratings were stated more specifically so that it was clear who was being rated, (3) a scoring system was developed that allowed for fair scoring even when some items could not be observed, and (4) rating items were added for the group behaviors rather than just the group leader behaviors.

The justification of adding an additional rating category came from the initial trials using the Rating Scale. It seemed noteworthy that, in some groups, the leader's behaviors were in high conformity to the group model. Whereas in other groups the group leader behavior was more closely matched to the behaviors of the group. And, in yet other groups, the group behaviors showed a high degree of conformity, yet the group leader's behaviors were not consistent with the group model at the same level. A more detailed presentation of the implications of this phenomenon will be presented in Chapters IV, and V. But suffice it to say here that the altering of the Rating Scale would skew the pre and post measurements--were this a research oriented dissertation. It seemed in keeping with the philosophy of practicums for evolution of an improved instrument be allowed during the implementation process.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

The problem was that procedures of the group model were not being followed consistently enough in the actual group sessions. Various solutions were suggested in the literature.

In one potential solution to the problem of procedures not being consistently followed Stringfield, (1977) evaluated the effects of group sessions on 52 adolescent boys in a residential setting. These boys were in treatment for varying lengths of time over a 24 month period. The quality control of the group model procedures was addressed in an ideal way, since the group leader either was the originator of the model, or was under the direct supervision of the originator of the model. This suggested that ensuring the skills of group leaders would improve with either comprehensive observation or direct supervision.

In another potential solution to the problem of procedures of the model not being consistently followed, Pfeiffer and Strzelecki (1990) recommend the development of training manuals and reliability checks to ensure the integrity of treatment procedures. Training manuals give another medium (in addition to lecture and practice mediums) that facilitates standardization and the review of appropriate procedures. Reliability checks incorporate systematic periodic evaluations that measure how closely the actual treatment complies with the desired treatment.

In another solution to the problem of procedures of the model not being consistently followed, Hill and Gruner (1973), and Hill (1977) recommended using a scoring system that depicts the important aspects of group meeting dynamics. Such a scoring system could be used as feedback for the group leader.

In another solution to the problem of procedures not being consistently followed, Bottcher (1985) evaluated a treatment program that used the SDM model. She used client interviews as a way of determining what procedures were actually used in groups. She made this determination by comparing clients descriptions of procedures to the procedures outlined by program descriptions and training materials. A high degree of conformity to the group procedures was found.

In another solution to the problem of procedures of a model not being consistently followed, Kerlinger (1986) recommended direct observation techniques in the evaluation of group process and group decision making. He reported that checklists and rating scales could be constructed for the purpose of recording group leader behaviors observed.

These could be used either to record behaviors as they are being observed, or as they are remembered by the observer.

To elaborate further on this idea, the writer could have developed checklists or rating scales that covered the various procedures recommended for application of the group model. The writer thought that a rating scale might have been designed such that a score could be derived that depicted the degree of conformity of specific group meetings with the group model's procedures. These could have been completed by a group observer, and given to the group leader as a form of feedback on the group leader's performance.

Observed items could have been keyed to specific sections of the basic training. This would have allowed group leaders to review the procedures in any area of deficiency and improve on the group leadership performance in subsequent group sessions. The items indicated on the instrument could have been used as points of supervision by treatment team leaders or supervisors.

General areas of deficiency that would have been found in various groups could have been addressed by the writer in advanced training sessions, with the intent of clarifying procedures and improving implementation of the techniques. Such advanced training sessions could have included both lecture and simulated practice toward the objective of improving skills. This might also have facilitated the understanding of the specific deficient group procedures.

The problem areas might have been better emphasized in the minds of the trainees if objective information about specific groups were made available via the completed rating scale forms.

Another possible solution might have been for the writer to develop written materials focusing on the basic training content. In an earlier project (Jones, 1980) some materials related to group-centered counseling were put into writing. However, those materials were considered out dated, and were not sufficiently detailed to serve the practicum purpose.

It was speculated that putting the lecture materials into written form would have reenforced knowledge of the recommended techniques. In conjunction with the written materials, written practice exercises could have been developed that would have given extra emphasis to the various procedural steps in the model. By following this track the writer could have developed written practice exercises that would have given extra emphasis to the procedural steps in the model.

Along the line of written materials, the writer could have compiled excerpts from written critiques along with recommendations, and made these available to the group leaders. These materials could have covered common errors in group leadership procedure and technique. The writer could have keyed the materials to the corresponding section in the basic training to provide greater ease of reference for the group leaders. Included in these materials could have been recommendations for remedial skill building.

Another dimension of the written materials idea was for the writer to have prepared materials that identified commonly asked questions related to the execution of the procedures of the group model. There were specific questions that trainees commonly asked. The writer could have listed these in writing, and written thorough answers following each question. There had been time for questions and answers in the advanced training sessions. However, a written format for reviewing these, and even looking these up (such as in a trouble shooting guide) might have proven quite beneficial for trainees.

Description of Solution Selected

Given the time frame involved in this practicum, it seemed most feasible to develop a numerical rating scale. This could be completed and used for giving feedback to the group leaders. This instrument would have identified areas for improvement in group leadership functioning. It could also have been used as a point of supervision and consultation for the group leaders.

1. Rating scales could be completed by the writer during observation of selected groups.

2. The results of these could be given--on the rating scale sheet and orally by the writer--to the group leaders and team leaders or unit supervisors. This would have provided specific feedback from the writer about compliance with the group model.
3. The writer could have readministered the rating scale. The writer could have noted any changes in the group procedures, and these again used as feedback to the group leaders.

It was thought that the alternatives of developing the written training materials would have been too time consuming to accomplish in the time frame of this practicum. In a separate effort the writer had attempted to prepare a written training guide. It had been thought that such a manual would be easy enough to prepare. It seemed that the task merely involved transcribing the lecture materials and affixing illustrations correlated to marker board illustrations used in the lectures. The result of this attempt revealed that a great deal of time is required for such a task. The spoken word is so much different from the written word that the transcripts of the lectures were virtually unintelligible without extensive modification. For this reason, it seemed un workable to prepare written materials, and implement their use all in the length of time available in the minor practicum.

For various reasons the plan of developing a rating scale seemed likely to work. It was commonly believed that child and youth care workers were notoriously eager to develop proficiency in group leadership techniques. A numerical rating scale would have given feedback both on areas of strength and weakness. This would have provided encouragement and identified specific areas for professional growth. Such an instrument could not only tell the group leader what was wrong with the group process, but could also give clear instruction on the recommended remedial course.

The writer had observed that supervisors of child and youth care workers are often proficient on leading groups. Yet they are often deficient in providing specific direction for trainee group leaders. A structured group procedures rating scale would have provided specific areas of focus for supervision and training. Such an instrument would have provided ongoing feedback as to the improvement of group leadership skills. It could also have provided a gauge for the procedural appropriateness of that group's process.

The writer believed that rating scales completed during group observation would have given a more comprehensive assessment of areas of deficiency for particular programs.

Report of Action Taken

Fundamentally, the writer carried out the strategies of the original plan. However, with less frequent interval observations than originally intended, and with fewer update summaries sent to administrators, directors, and managers.

A major deviation in the Anticipated Outcomes and Evaluation Instruments occurred. Specifically, in the original practicum proposal there were two outcome measures that the writer did not implemented in the practicum. The first of these was the measurement of interviewing newly hired staff. This became impractical and was not accomplished. The duration of the minor practicum would not have allowed for enough of these staff to participate in sufficient numbers to be useful in the practicum. A second outcome measure was to interview clients and this also was not accomplished. This was primarily due to the writer over estimating the amount of time that would have been required to accomplish such a task.

The very first step on the implementation process was to elicit some feedback from a respected colleague to help the writer better construct the rating scale. It was important to develop a useful and practical, yet valid scoring system. This colleague gave the writer three recommendations: (1) Change the numerical rating system so that a no score (zero) can be recorded; (2) Make sure that observation items can be directly attributed to the group leader, if it is the group leader that is being evaluated; and (3) Put the rating scale into a tables type of format, using boxes, etc. to give improved visual clarity to the items and the scores (compare Appendices B and C).

Along with this the writer was given a scoring system that was (1) easy to tabulate on the spot, and (2) allowed for a fair score to be given even if the rater could not observe some rating scale items. Therefore, the writer revised the rating scale from the original (see Appendix B) to the Expanded Version (see Appendix C) before any groups were rated in the practicum implementation.

In the original proposal, the writer was to observe six groups three times each. The writer intended to observe the same group leader on all three observations. In actuality, the writer observed 13 groups, totaling 20 group sessions. Therefore, 13 group leaders were observed. The writer observed seven groups, twice each, and six groups were only observed once each.

These changes were simply logistical. The writer found it very difficult to ensure that the right group leaders were in the right places at the right times. Several times the needed group did not convene on the day that the writer had scheduled them. This resulted in the writer observing no groups three times as originally planned.

On the other hand, the writer had the opportunity to evaluate some groups that the writer had not originally intended to be in the practicum. This resulted in the writer observing some groups only once, but with no follow-up.

Although the writer did not plan this situation, it has given more useful data from which to extrapolate. These speculations will be covered in greater depth in Chapter V.

The implementation process provided that each group leader involved in the practicum was either given or sent a completed copy of the rating scale following the first observation. Consequently, the writer will not repeat this fact in the following narration of the practicum process.

One deviation from the original plan was that group leaders were not all given copies of the rating scale following the second evaluation. Although this is now being done, it has not been done in a timely enough way to consider the procedure's influence on the practicum. In any case, this failing would not appreciably affect the content of the report, since the report focuses on the improvements measured by the second evaluation. Second evaluations of groups will be presented, in such cases that there were second evaluations. The writer evaluated for a second time a total of 7 of the original 13 groups. The interval between evaluations will be presented in terms rounded to full weeks. The procedure went as follows:

1. Group number one was observed. Following the observation, the group leader was given oral feedback. The observer pointed out excessively high and low ratings, and

offered recommendations. Group number one was evaluated for the second time after a five-week interval. Again, the group leader was given oral feedback.

2. Group number two was observed. No oral critique was given. This was because time did not allow for the group leader to remain for a critique. Group number two was observed for the second time about nine weeks later, and again no oral critique was given.

Thinking chronologically, the reader should consider that the second reading on this group was accomplished more than two months after the first. This was so because of logistical reasons. The group leader had been on vacation at the time of the scheduled the month follow up observation.

At this point in the practicum report, the reader should know that the writer did not evaluate groups number three and four a second time.

3. Group number three was evaluated. The group was already in progress when the observer came into the room. This caused the writer some initial concern. Up to this point the protocol had stipulated that the observer would be in the group from beginning to end. The writer became worried because this administration would have to deviate from that procedure. This issue of the need for the group leader to be in the group from beginning to end did cause some thoughtful consideration. For one thing, the writer

was already beginning to notice that scheduling of the groups made it difficult to observe all of the identified groups at all. Consequently, relaxing of the protocol was already a serious consideration. Therefore, the writer relaxed the protocol so that groups that the writer did not observe in their entirety did get included in the practicum.

As a justification for this possible change, the writer considered the following. The writer reasoned that if the rating scale were to become a broadly used instrument, the protocol for its use had to fit the realities of normal group situations. Therefore, establishing a protocol that required the observer to attend the entire group, from beginning to end, would reduce the likelihood that full utilization of the instrument would occur. Second, the scoring system had been designed so that the observer could give a fair score whether or not all items on the scale could be observed. With these two factors in mind, it seemed to make sense to relax the protocol in this area. Therefore, group number three was included in the practicum, as were several other groups that the writer did not fully attend.

During each of the first three administrations of the rating scale, the observer was making notes on a master copy of the scale. This was done so that desired changes could be recorded for later modification. During a review of the scale that followed these administrations, changes appeared necessary.

The writer made a modification of the rating scale after evaluating its use during all three initial observations. It was becoming obvious that there were two separate issues before the observer when evaluating the group sessions. There was the performance--or behavior--of the group leader and the performances of the group members.

It seemed important that some group leaders were participating according to the guidelines of the model, and their group members were not (e.g., groups #1 and #2). The opposite was also happening. In some cases the group members seemed to follow the procedures when the group leader did not (e.g., group number 3).

At that point in the implementation process the writer recalled the words of a colleague who gave comments on the original rating scale (see Appendix B). She had said to make sure that observation items can be directly attributed to the group leader, if it is the group leader who is being evaluated.

Upon considering this, the writer realized some items on the original rating scale described things that the group members (not the group leaders) were doing. It seemed important to observe and record those behaviors also. Therefore, the writer revised the rating scale again so that the observer could record both the behaviors of the group members and those of the group leader.

From this point forward the writer rated all groups with the revised rating scale (see Appendix D) on both administrations.

4. Group number four was evaluated, and an extensive oral critique was given to the group leader. The feedback focused on both the behaviors of the group members and of the group leader. Subjectively, the critique seemed to make more sense to the writer with both dimensions being scored and viewed interrelated (group leader and group members). It seemed more comprehensive and balanced. There was no second administration of the rating scale with this group. This was because the group leader left the agency before the time of the second group observation.

5. Group number five was observed for the initial evaluation. The group leader was given comprehensive oral feedback. The group was disruptive and the group leader was under pressure.

At the time of this evaluation the writer became somewhat discouraged, reasoning that variables such as disruptive behavior playing into the evaluation were sure to invalidate the scores. Nonetheless, the writer did evaluate the group and did included it in the practicum.

The events of this session were initially discouraging to the writer. It seemed as though the rating scale could never be validated with confounding variables such as extremely disruptive behavior at play in the group sessions. However, the writer allayed these concerns when the writer considered that this instrument was not being constructed to prove anything. Establishing the reliability of the instrument was not the objective. Comparing groups to one another, or comparing scores on sequential group sessions was not the intent of the instrument nor was it the intent of the practicum. The writer realized that the rating scale would develop into a useful training tool, which was why it was being developed in the first place. It may or may not become useful as an objective measurement verifying the absolute conformity of the groups.

Group number five was evaluated for a second time, six weeks after the initial observation. Again the group leader was given comprehensive oral feedback. If the reader will recall, the initial observation of this group that the writer conducted was accomplished under quite strained circumstances. There was a great deal of tension in the first group, and the group leader had been under considerable pressure that day. The second administration circumstances were almost the opposite. The group was calm and orderly, and the group leader was composed.

Even considering these differences in group climate, the writer observed in the group leader evidence greater attention to detail. It was the subjective opinion of the observer--even before the rating was completed--that the group leader had benefitted from the feedback from the initial evaluation.

6. Group number six was evaluated. No oral feedback was given to the group leader due to time constraints. The leader seemed apprehensive that he received no feedback, yet this session appeared to be one of the best executed group observed during the practicum implementation. This was especially so in the area of the group leader rating.

Group number six was not evaluated a second time. This was by happenstance related to the unavailability of the same group leader. It would have been interesting to see the result of a second evaluation. Given the extremely positive initial observation, one might expect that the score would drop some, even if it were due only to measurement noise.

7. Group number seven was evaluated. No oral feedback was given to the group leader. The group leader was inexperienced. It was obvious that the group was trying to upset the leader, knowing he was under pressure being evaluated. However, the group model has always been taught around a theme that in an observer's evaluation it is _unimportant_ what the group _members_ are doing at any one time. It is only important that the _group leader_ is using the interventions suited to the group's current behavior.

During the first observation of this group, the leader in was steadfast. He adhered well to the guidelines for dealing with an unruly group. Unfortunately, there was not sufficient time scheduled into the observation to give the group leader a detailed critique. There was, however, enough time to give the group leader an encouraging word, and remind him that he was not being held responsible for how the group members behaved. He was only responsible only for his role in the group--which the group leader executed appropriately.

Group number seven was evaluated for the second time five weeks after the initial observation. There was an oral critique given to the group leader. One circumstance was similar in this observation compared to the first observation. The group members were acting up, trying to throw the group leader off. To the naked eye, however, the group leader's composure and confidence showed improvement. As in the earlier observation, the group leader was steadfast in keeping to the appropriate techniques for an unruly group. Subjectively it seemed that the group did not test the leader as far on the second observation.

8. Group number eight was evaluated. Again, there was not sufficient time for a post group oral critique. The group leader seemed tense, and it was obvious that she had not been aware that the writer was going to evaluate her group.

Group number eight was evaluated for the second time six weeks after the first observation. A detailed post observation critique was given. Through some informal contact the writer had gotten the impression that the group leader had been either irritated or felt judged during the first observation. This could have been because she was given no explanation about why the writer was going to observe her group. Whatever the reason for the group leaders apprehensiveness, the writer wanted to put any concerns to rest. The writer gave the group leader a comprehensive description of the practicum purpose and process. The writer also gave the group leader encouragement and appreciation for being a part of the process. These overtures seemed to diminish the negative effects of the group leader's earlier preoccupations.

Following the second evaluation of group number eight, the group leader seemed happy to see that her scores had improved. She seemed especially relieved by improvement in several specific items that the writer had noted as deficiencies in the first evaluation.

It might be useful here to note that standard protocol for these group sessions had been to have a short (10 to 20 minutes) pre group strategy session among the staff who would be attending group. Then one staff member was usually identified as the group leader of the day. Following a typical 1 1/2 hour group, a post group debriefing occurred.

In of the groups observed in this practicum, some form of a debriefing was conducted. However, the scheduling often did not allow for this to occur when the observer could be a part of it.

9. Group number nine was evaluated, and no post group oral critique was given. This group session was another case when the writer did not fully attend the group. Although the observer was present from the beginning of the group, the writer left the group before its completion. In this case the group lasted well beyond the usual 1 & 1/2 hours. This is a common scenario. The group has a fixed amount of business to conduct per day. The agenda often requires more than the normally allotted time to finish the business of the day. This fact caused the complication of the writer not attending the entire group.

Group number nine was evaluated for the second time four weeks after the initial observation. Again no post group debriefing was given due to a scheduling conflict.

10. Group number 10 was evaluated. No post group debriefing was conducted, and the writer did not observe the group in its entirety due again to prolonged group time. There was no second observation conducted because the group leader was on vacation at the time of the scheduled follow-up visit.

During this session in group number ten an unexpected event surprised the writer. The leader of the group was a well seasoned group leader, who was considered so proficient that he had been used as a reference point for other group leaders. The writer agreed that this was an excellent group leader, and the writer was quite appreciative of the group leader's efforts to stick to the methods.

The surprise that registered during this observation was that this proficient group leader was not scoring well; At least he was not scoring in a way that was consistent with his excellent reputation. The group did seem to be running smoothly, but the item scoring could not support the otherwise high informal ratings. This was especially noticeable when the writer compared this to other group sessions that the writer had rated.

11. Group number 11 was evaluated, and a comprehensive oral critique was given. This group presented an interesting phenomenon for several reasons. First, the group leader was extremely inexperienced, having only recently finished the basic training. Second, this group leader was speaking English as a second language, and was difficult to understand in both the group session and the critique session.

12. Group number 12 was evaluated. A comprehensive oral review was given to the group leader. This group served as another example of an inexperienced group leader conducting a good group.

Group number 12 was evaluated for the second time approximately six weeks from the initial observation. No post group oral critique was given. Although the scores had been recorded, the original copy of the second administration rating scale was lost. Also, the session was not recorded in the practicum log. Therefore, the interval of time between observations is an estimate.

13. Group number 13 was evaluated, and the group leader was given a comprehensive oral critique following the group session. This group leader provides another example of the benefits of following clear procedural guidelines.

As the reader can see from the above descriptions, the writer did not evaluate some groups a second time. In one sense this was unfortunate, since the original implementation plan sought to perform three observations with each unit involved in the practicum. However, the original number of planned pre and post ratings did occur (six in all). And seven additional one time evaluations were conducted, which was not part of the original plan.

This deviation from the implementation strategy was not entirely happenstance. As discussed before, early in the implementation the writer began to observe that securing multiple ratings on these groups was going to be logistically difficult. Therefore, it seemed logical to secure evaluations on as many groups as possible. This was done in hopes that there would be enough second evaluations to fulfil the original practicum plan.

Following all first observations, administrators, directors, and middle managers were sent summaries of the scores to date. This was in keeping with the original plan. Unfortunately, subsequent updates that were planned were not sent, due to the serious deviation from the scheduled group evaluation intervals. The writer had hoped that three such summaries could be sent. Ideally, one summary would have been sent following each administration of the rating scale. However, no third ratings occurred. And the bulk of the second ratings extended into the end of the implementation period. Therefore, the writer did not follow this part of the plan.

Telephone interviews were conducted with 16 managers after all observations were completed. The writer interviewed for a second time three of those originally interviewed. Although it was not possible to interview all of the original participants, a cross section of interviewee's at similar job levels was accomplished. The writer interviewed the following category of participants: one executive director, three directors, one assistant director, two treatment directors, two program directors, one residential director, one admissions officer, four unit supervisors, and one assistant unit supervisor.

The final step in the implementation process was to revise the rating scale in view of what had been learned during the practicum experience (see Appendix E). The specific changes included the following: (1) To put the rating scale in a tables format in order to give greater clarity of focus. (2) To develop an appropriate and usable scoring method. (3) To create a way for both the group members' and the group leader's performance to be scored independently.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Concisely stated the problem was defined as follows: The procedures of the group model were not being followed consistently enough in the actual group sessions. Various factors were presumed to be contributing to the problem including inadequate training, consultation resources, and training materials. Through implementation of the practicum, the use of the Group Observation Rating Scale (see Appendix E) is on ongoing in all seven of the programs included in this practicum.

Results

1. The first expected outcome of the practicum was that managers would be more confident that the group model was being implemented consistent with the model's design as presented in the basic training. This outcome was

measured by a telephone interview session with administrators, managers, and supervisors (see Appendix F). The following questions were asked in the order that they were presented in the first telephone questionnaire (see Appendix A):

Question #1

With what degree of conformity do you believe your program implements the group model?

40%   50%   60%   70%   80%   90%

The following data are the results gathered from Question # 1 (see Table 3):

Table 3

Managers' Speculated Degree of Conformity to the Group-Centered Model

Degree of Conformity	Pre Speculated	Post Speculated
90%	3	4
80%	3	5
70%	3	2
60%	5	3
50%	2	2

In the first expected outcome it was speculated that 15 of the managers interviewed would respond that their program implements the model in the 80% to 90% range. In fact, only 9 of the 16 managers responded in this manner. This goal was not achieved.

It was also speculated that the first expected outcome would reflect that fewer than eight of the managers would report that they believed significant inconsistencies in the implementation of the model are occurring--that is in the 70% compliance range or lower. In fact seven of the managers reported in this manner. This goal was achieved.

Question #2

Do you know of a systematic and effective way to monitor the degree to which the groups are conforming to the group model?

Results gathered from Question # 2 are presented in Table 4.

Table 4

Managers' Awareness of a Systematic and Effective Means to Monitor Degree of Conformity

	PRE		POST	
Do you know of a systematic way to monitor the degree of conformity with the group model?	Yes	No	Yes	No
	5	11	15	1

It was speculated that 15 of 16 the managers would agree that they know of an effective way of evaluating the uniformity of the application of the model. In fact fifteen did agree. There was a tremendous increase in the positive answers to this question. In the pre interview five managers said yes and 11 said no. However in the post interview 15 said yes and one said no.

Question #3

How would you rate your own ability to determine the degree to which specific groups are following the model at any given time?

Results gathered from Question # 3 are presented in Table 5.

Table 5

Managers' Level of Confidence in Their Own Ability to Evaluate the Degree of Conformity in Any One Group, at Any Given Time

Degree of Confidence	Pre	Post
Great Confidence	2	7
Confidence	10	7
Some Lack of Confidence	3	2
Very Limited Confidence	1	0

It was expected that no more than four of the managers interviewed would report a lack of confidence in their ability to know the degree of compliance with the model at any given time. In fact two managers did so report. This goal was achieved.

It was expected that four or more managers would indicate that they have great confidence in their ability. In fact seven of the managers so indicated. This goal was achieved.

2. The second expected outcome speculated that the degree of compliance with the group model would increase by no

Table 6

Rating Scale Data for All Groups Observed

Group Number	Interval Weeks	Obs. # 1 Score	Obs. # 2 Score	Gain
#1	5	78%	79%	+1%
#2	9	74%	80%	+6%
#3	N/A	41%	N/A	N/A
#4	N/A	68%	N/A	N/A
#5	6	68%	87%	+19%
#6	N/A	82%	N/A	N/A
#7	5	68%	84%	+16%
#8	6	73%	82%	+9%
#9	4	63%	91%	+28%
#10	N/A	61%	N/A	N/A
#11	N/A	65%	N/A	N/A
#12	6	70%	89%	+19%
#13	N/A	84%	N/A	N/A
Score Averages		68%	84%	+14%

In reality there were never more than two administrations given to any one group leader. There was an average increase of 14% between the first and second administrations of the scale, consequently the expected outcome was achieved. However not all group leaders attained the stipulated increase, which clouds the success of the practicum somewhat. Two group leaders were scored well under the hoped for increase of 10%. Group leader number one (1% increase) and group leader number two (6% increase). Most of the remaining group leaders showed dramatic change. Group leader number five (19%) number seven (16%) number nine (28%) and group leader number twelve (19%). The remaining group leader, number eight, was nearly qualified (9%). This goal was technically achieved, when one considers the average increase. However, it is somewhat clouded when these scores are considered individually. When evaluated individually, the goal was not achieved.

Discussion

All but one of the expected outcomes anticipated as a result of the practicum implementation were achieved. The results of implementing the use of the Group Observation Rating Scale were positive. On the average group leaders are more aware of the specific group procedures that were required of them. Managers have greater confidence in their own abilities to determine the degree to which their groups are using the model. Managers, however, have a slightly decreased level of confidence in the degree to which their groups are implementing the model.

The first expected outcome was that managers would be more confident that the group model was being implemented consistent with the model's design as presented in the basic training. The measurement of this outcome was accomplished by the use of the Telephone Interview (see Appendix F).

In the first expected outcome it was speculated that, following the practicum implementation process, 14 of the managers interviewed would respond that their program implements the model in the 80% to 90% range (see Table 3). In fact, only 9 of the 16 managers responded in this manner. Although there was in increase in the positive direction (9 of 16 versus 8 of 16 managers) this goal was not achieved.

Upon reflection, it occurs to the writer that the failure of the practicum to achieve the desired result can be explained as follows. By being exposed to the completed Rating Scales and Summaries, the managers became more aware that the groups were not performing as they had previously thought. The reader will recall the in the section in this report on the documentation of the problem, there was a great discrepancy between this writer's observations of the degree of conformity and the speculations of the managers. Although it was anticipated that the use of the rating scale would increase the managers' perceptions of degree of conformity, the opposite result was documented.

One possible explanation for the practicum not achieving the result of bolstering the confidence of the managers in the degree to which the model was being implemented is as follows. The final summaries that were originally to be distributed to the managers were not distributed. Therefore, the most encouraging of the data--the second observation scores--were not available to the managers at the time they responded to the follow up interview. It is possible that this resulted in the discrepancy between how the writer thought the managers perceptions would change and the opposite result found in the questionnaires.

Another possibility as to why the practicum did not fully achieve the result of confidence in degree of implementation is this. The managers who were interviewed second (only 3 of the original 16) simply may not have had the same perception on the degree of conformity as did the original 16 interviewees. No doubt, the data would have yielded more accurate information if the same managers were interviewed at the beginning and at the end of the practicum. However, logistically this proved impossible. The writer's attempt to find the same managers was frustrated by both the manager's simply not being available when telephoned, as well as some managers having left the programs or changed to other roles in the agency.

There is yet another possibility of why the managers did not increase their confidence in the degree of implementation. It is possible the amount of attention drawn to the groups as a result of this practicum simply was not sufficient to cause the outcome to occur. In the original plan of the practicum the managers would have received more frequent written updates on the practicum progress. Since this did not occur, the lack of these updates may have reduced the visibility of the practicum result, therefore diminishing the impact of the practicum on the perceptions of the managers.

Although the anticipated result of increasing the confidence of the managers in the degree of implementation was not substantiated, it is not necessarily a practicum outcome failure. One of the original concerns was that the groups were not following the model. In the documentation of the problem, it was revealed that the managers tended to have an inflated sense of how closely their groups were following the model. It may well be that their perspective became more realistic as a result of the feedback they received.

It was speculated that 15 of the 16 managers would agree that they know of an effective way of evaluating the uniformity of the application of the model. In fact fifteen did agree (see Table 4). There was a tremendous increase in the positive answers to this question. In the first interview five managers said they did know of a way, and 11 said they did not. However in the post interview 15 said they did know of a way, and one said they did not.

Another dimension to the questionnaire measurement was in the following question. How would you rate your own ability to determine the degree to which specific groups are following the model at any given time?

It was expected that no more than four of the managers interviewed would report a lack of confidence in their ability to know the degree of compliance with the model at any given time. In fact two managers did so report (see Table 5). This goal was achieved.

It was expected that four or more managers would indicate that they had great confidence in their ability. In fact seven of the managers so indicated (see Table 5). This goal was achieved.

It would seem that familiarity with the rating scale had given the managers increased confidence in their abilities. Hopefully this has happened because the managers now have a concrete measurement tool for determining compliance. This would tend to be substantiated by the results of Question #3 that asked, Do you know of a systematic and effective way to monitor the degree to which the groups are conforming to the group model (see Table 4)?

2. The second expected outcome speculated that the degree of compliance with the group model would increase by no

lower than 10% from the first administration of the rating scale to the third administration.

Although this outcome did occur on an average, three of the seven fell short on the second administrations (see Table 6). One of the seven was very close, but still did not achieve this result. At the time of the second administrations for groups one and two, the writer was not aware of any of the trends in the data, so there was some consternation as to how to explain this fact. The writer thought perhaps the greater length of intervals between testings explains this discrepancy. But only one interval was excessive. Also, these group leaders were originally rated using the early version of the rating scale (see Appendix C), and later observed with the revised version (see Appendix D).

Another factor for discussion relates to the administration of the scale to group number three. Since the group was in progress when the writer entered the room, there was consternation on the writer's part related to the validity of an observation session where the whole group session was not observed. Problems in scheduling of the groups made it difficult for the identified groups to be observed at all, let alone in their entirety. When the possibility of relaxing the protocol was considered, the result was to adjust the protocol to accommodate the functional situation.

After the fact, it has become obvious to the writer it was correct to relax the protocol in this direction. There are various reasons for this. The practicum goals required a flexible and usable instrument. Scheduling conflicts are inherent in the operation of a therapeutic milieu. Considering all of the administrations of the rating scale that were undertaken during the practicum, many if not most of these situations had some less than ideal conditions present. Had the writer continued with the original protocol, fewer groups would have been included in the practicum. In the practical dimension concerning the future use of the rating scale, too few groups would receive feedback on their performances if the observer were restricted to only observing groups in which the entire session could be attended.

There is another reason for relaxing the protocol so that partial groups might be evaluated. The scoring system was purposefully designed so that a fair score could be given, even when some of the potential observational items could not be observed. The reason this feature was included in the scoring system was that not all of the group procedures occur in every group.

It was a windfall benefit to realize that this flexible scoring system would not only be useful for the intended purpose, but that it would accommodate the purpose of allowing for a fair score to be given even if group sessions were not observed in their entirety. Essentially both of these situations are the same. In each of these situations--when the group does not demonstrate the items to be scored, and when part of group could not be observed--the common element is that some part of the group procedures cannot be observed. These situations are the same, whether this is because the procedures were not performed or because the observer is not there to observe them performed. Although the value of these two points was not realized at the time these changes were being considered, the retrospective analysis seems to reveal that these were points important to the future usefulness of the rating scale.

Another area for discussion was stimulated by the apparent need for changing the rating scale. The rating scale was changed after reviewing the use of the form in the first three observations. During the first three observations the rating scale only had the capacity to reflect the behaviors of the group leader. It became obvious that compliance with the model also concerned the behavior of the group members. This seems obvious now, to the degree that it is somewhat embarrassing that it wasn't thought of earlier. But it took analysis following the practicum implementation to realize the need for the alteration of the rating scale to be made clear.

Group number four was the first group that the revised rating scale was used on. In this group session the group leader was evaluated independent of the group itself. As a subjective response from the observer, the interaction of this type of administration seemed to support the usefulness of this added dimension. This was the beginning of the confirmations that indicated that changing the rating scale to the group leader/group scoring dimensions was going to be useful. The experience with group numbers three and four contributed to most of the speculations on the justification for this change. The remainder of the groups did serve to confirm these speculations to the writer.

There were several observations that contributed to these speculations about what the patterns of differential scoring may be demonstrating. Certainly there is no demonstrable validity to these notions yet, but there were some patterns of scoring interaction evident when reviewing all group scores retrospectively. When there was a low group score and a high group leader score it seemed on closer analysis that some combination of four factors was often present:

1. In some cases the group leader being observed was the only group leader practicing the group leadership appropriately. This would mean that the staff members who acted as group leaders during other sessions were not following the

techniques and using the same procedures. Therefore the client group members were not exposed to the appropriate techniques often enough for them to become true procedural norms.

2. Sometimes the group leader was using the recommended techniques while being observed, but was obviously not using them in the other group sessions that were not being observed. When this was the case, there were indicators that belied this fact. One such indicator was when a reaction of surprise from the group members when certain procedures were initiated. Another indicator was to hear group members talking after the group session, obviously aware that the group leader was putting on a show.
3. The third circumstance was found when the group leader's score was higher than the group members. Sometimes the group leader got a higher score when there were numerous client group members who were new to the treatment program, and were therefore not yet accustomed to the group procedures. In this type of situation the group members were in the early stages of being shaped into enacting the correct procedures--an orientation period so to speak.

4. A fourth circumstance was found when the group members were being purposefully disruptive trying to agitate the group leader. The more sophisticated group members do have the insight and capacity to be aware that the observer is in the room to check on the group leaders performance. When this is the case, the group members occasionally act up. They think the group leader will be embarrassed, and possibly even get into trouble because of the group's bad performance. Fortunately, this would seldom be the case, since the group leader is evaluated based on whether or not he used the correct procedure at the correct time in the group, not on how the group members behave.

Another typical example of observing patterns in the interaction between the group scores and the group leader scores is in the case that the group gets a higher score than the group leader. Several conditions--or combination of conditions--were found to underlie this situation:

1. The group leader may have gotten a lower score than the group because the group leader had less experience than the other group leaders on the treatment team. In this situation the group members actually had more group experience than that day's leader. Consequently, the performances

of the group members were procedurally more correct than the performance of the group leader.

2. A second circumstance explaining why a group leader may have scored less than the group was that the group leader was inhibited by the fact that the observation was occurring. In these situations undoubtedly some group leaders were unable to perform the group leadership role up to their own standard. In fact, this may be one extraneous variable that influenced the higher scores on the second evaluations. Some of the group leaders just may have been more comfortable during the second observation, and were therefore able to perform better.

3. A third circumstance that may explain why a group leader may have scored less than the group was as follows. It is the possibility that members themselves were so adept at orchestrating the procedures that the group leader had little work to do. If this were the case, the group leader may not have been actively leading during the group session. This is a distinct possibility, since one of the philosophical underpinnings of the group model is for the group leader to give up power and authority to the group members, as the group members demonstrate the ability to handle

> that power and authority. If this were the case, there would be a need to somehow modify the scoring procedure so that it compensates for this phenomenon.

Given these examples, it seemed more likely that some combination of these circumstances was causing scoring discrepancies. This seems more likely than the possibility that any one of these factors alone explains discrepancies between the group score and the group leader's score. Nonetheless, the implications of these trends give hope to the concept that the analysis of the scores may be of diagnostic significance beyond measuring increases in proficiency alone. If the trend of these conditions were better understood, the scores could have significance to the trainer and supervisors who are designing the ongoing or remedial group leader development program.

An altogether different area for discussion is stimulated by disruptive groups. This type of situation presented itself while the writer was evaluating group number five on the initial observation. The group session observed was disruptive, and the group leader seemed to be under pressure. At the time of the initial evaluation the writer developed concern. The writer feared that disruptions in the group would reduce the reliability of a comparison to groups where there was no similar disruption. It seemed at the time that such variables would confound the suitability of the rating scale across situations. Some insightful relief did occur closely following the development of this concern, but it was not until the writer was able to see this situation in retrospect that a more comprehensive analysis of the situation could be formulated.

In retrospect, the most obvious of the realizations related to disruptive group members was this. The group rating scale has not been developed for the purpose of being used as a research tool on the use of the rating scale. Yes, to have a reliable scoring instrument that could compare group sessions would be of great value. But the reason for developing the scale--indeed the reason for the whole practicum--was to develop a training tool, not a research tool. The purpose of the rating scale was to promote focus on the group leader's command of specific techniques of leadership. The only group leader related factor crucial to the successful implementation of the practicum was for the skills to be developed. As long as the group leader was sequentially demonstrating improved skills, the rating scale would be serving its intended purpose. It is important that the scale be valid, meaning that it is measuring what it is supposed to measure. However, at this stage of the instrument's design it is unnecessary for it to be reliable across different situational administrations. The most important functional need is for the group leader, the supervisor, and the trainer to have a specific point of focus for skill development.

Now that the implementation is complete, the writer has developed further thought on the impact of disruptive conditions on the rating scale. A theme has emerged in other areas about the importance of the flexibility of the rating scale. Certainly a rating scale that could not be useful unless all group member's behaviors are highly functional would be of little value in a setting were troubled children and youths are being treated.

Here again we find a truth that is embarrassingly obvious. How could a rating scale that is designed to be used with troubled clients be appropriate if disruptive group behaviors would invalidate its usefulness. Hence, the durability and flexibility of the instrument must be preserved, if necessary, even at the cost of reducing the breadth of its utility. If the rating scale can be developed into a reliable research instrument, all the better. However, it seems obvious that this should not be done if the result will an any way diminish the usefulness of the instrument as a training tool.

An insight related to the effects of a disruptive group on the group leader role was developed in relation to the inhibiting effects such behavior might cause. Group number seven is a good example to use for illustration. This session was lead by an inexperienced group leader. The group members were trying their best to upset the session in an apparent attempt to make the group leader look bad to the observer. Had this group leader not had specific methodical maneuvers designed to control this type of problem, the group session might have escalated out of control. However, this did not happen. The group leader maintained control of the group, and even got an improved score in a similar group session on the second observation. In this case it seemed obvious that the procedural guidelines of the group model caused this group leader to be able to maintain control of the group. And one could speculate that this was assisted during the second session due to feedback from the first rating scale.

The importance of this situation can be illustrated by one of the basic philosophical tenants that guide the implementation of the Situational Decision Making model (SDM). The model outlines certain types of interaction that are typical in these groups. These interactions range from extremely disruptive to very functional. For each of these identified types of group interaction, there is a prescribed group leader intervention that is designed to address the leadership needs of the group. These interventions allow the group leader to move the group in an increasingly positive and productive direction. When the group leader understands that her score is only related to whether or not she used the correct intervention at the correct time, the apprehensiveness about the potential sabotage of the group session by its members is reduced.

The practical significance of the rating scale in such a situation is that it can serve its instructional purpose no matter how functional or dysfunctional the group may be at any given time. The writer has realized that the most important purpose of the rating scale may be to help group leaders to be able to perform in these dysfunctional situations. This sheds a whole new light on the importance of the practicum. This insight was developed as a result of the retrospective analysis of the observation in group number seven. Another example of this phenomenon can be found in the analysis of the initial observation of group number eight, which is presented later in this report.

When group number six was evaluated, the writer was encouraged because of what appeared to be nearly a flawlessly executed group. Although the score of the group was impressive (82% compliance), the score did not reflect as high of a rating as the writer was expecting. This was a group conducted by another extremely experienced and proficient group leader, who by all informal estimates should have scored higher.

On reflection, this is one of several occurrences during the practicum that demonstrated to the writer that the subjective rating of the groups that was used in the past, had greater variability than the writer would have guessed. Some of the other occurrences that strengthen this notion were the unexpectedly low score of group leader number 10 (61% compliance), the more favorable scores of group leaders number 11 (65%) and number seven (68%), as well as the unexpectedly high score of group leader number 13 (84%).

Group leader number seven demonstrated a dramatic increase in the score moving from a score of 68% on the first observation to a score of 84% on the second. Subjectively to the observer there was an increase in the performance of the leader, but the degree of improvement was somewhat surprising. Nonetheless, the group leader seemed more confident and undaunted in the second observation. The writer speculates that much of the improvement in the performance was because of increased confidence that the group leader gained by learning that he got an acceptable score on the previous evaluation. Group number seven demonstrated corroboration with some of the insights that have been presented later in this report related to the observation of group leader number 11. Specifically that perseverance and sticking to the methods will eventually have a positive effect on an disruptive group. This dimension of the retrospective analysis is presented more fully in the discussion of group number 11.

In group number eight a negative consequence occurred because the group leader assumed that her score in the evaluation was dependent on the behavior of the group. More specifically, she did not understand that her leadership role could be evaluated in a positive light, no matter whether the group members were cooperative and functional or not. Consequently, the group leader was both inhibited and frustrated by the added weight of being observed in a dysfunctional group. In this case, it was fortunate that the writer was informed of this by a third party. As a result the writer discussed fully with the group leader the purpose of the evaluation, and the philosophical basis that is used for rating the groups. This discussion had a positive effect on the group leader, who now felt free to appreciate her improved scores, and the observation experience in general. The writer developed insight here, seeing again the importance of providing the group leaders with detail about the observation and evaluation exercise prior to the administration of the rating scale.

Group number nine provided more material for discussion as related to the writer's analysis of the practicum implementation. During this--and several other groups--the group meeting was not fully attended by the observer. In many of these cases no oral feedback was given. The writer felt that these omissions would have a negative impact on the group leader scores. The writer had believed in the usefulness of the oral critique. For many years in the training and implementation of the model the oral critique was the principle vehicle of feedback to the group leaders from the group observer. However, analysis of the practicum results do not support this concept. When the group leaders are viewed in terms of their improved scores, the group leaders who did not receive a detailed oral critique averaged a slightly higher level of improvement than the group leaders who did receive an oral critique.

The possible implications here are significant. This could mean that the rating scale has much greater impact than an oral critique. If this were so, the task of training the group leaders would be made considerably less complicated. It has been noted earlier in this report that it is difficult to provide the oral feedback. This is usually due to problems of time constraints. As the causative analysis indicated, this was considered a problem before the results of the implementation were analyzed. The analysis revealed even more of a problem with the scheduling of oral critiques than originally presumed. This was evidenced by the fact that nearly half of the group sessions could not be followed up by oral feedback. Therefore, if the oral feedback is less important than the feedback from the rating scale, then the usefulness of the rating scale alone might be considered sufficient. At least it might be sufficient to meet the training needs of the group leaders.

When group number ten was evaluated, the observer was surprised to see that a very experienced group leader was not scoring well as compared to the other group leaders. This was especially noteworthy when the writer considered that most of the other group leader's were far less experienced than the group leader of group number ten. Although the group was running well to the naked eye, the item scoring was not indicative of a group leader who is following the model with a high degree of compliance. After careful consideration, the writer developed a some speculations about why this may have been occurring.

The following is one speculations as to why group leader in group number ten scored low even thought he was an experienced and proficient group leader. This particular group leader had been running groups in the residential treatment program for some three years. However, he was transferred to day treatment from the residential program about 18 months earlier. Only recently had he returned to the residential program. The writer reasoned that in the day treatment program, the group leader may have modified the techniques to suit that different setting. And this may partially account for why he was not technically scoring in high ranges.

There has often been a need for slight modification of the techniques for the different settings and types of programs being operated. Day treatment, therapeutic school, and residential treatment milieus have many similarities that do allow for the model to be useful in each setting.

But there are modifications necessary in order for the techniques to fit the particular program, and thereby be effectively utilized. Therefore the group leader of group number ten may have made such modifications of the procedures, and not yet adjusted back to the way groups were run in the residential treatment program.

There was also another possible explanation for why this experienced group leader in group number ten did not score well. It has long been known that personality has an influence on the group leader's style. Therefore, in traditional groups, some group leaders lead effective groups and some do not. This has often been dependent on their talent, skills, etc.

With the SDM model, however, there has been great emphasis given to utilizing standardized procedures. This is intended to be so, short of becoming overly rigidly and mechanical. Using standardized procedures has been considered desirable for two primary reasons. First, new and inexperienced group leaders can understand the group process if concrete, observable procedures were consistently used. Second, concrete consistent procedures as examples help client group members to be able to duplicate or imitate appropriate group behaviors more easily. This practice shortens adjustment time--for both staff and clients--when they are in their initial stages of program adaptation. This need has been the reason behind this whole practicum, that is for greater uniformity to be evident in the application of the group-centered model.

The way in which this may relate to the group leader of group number ten is this--although the group leader may have been running an effective group, he was not demonstrating concrete group leader procedures that less experienced staff or clients could imitate. The group members were also less able to anticipate how to fit into the process. Therefore, this may have fostered an unproductive over dependency on the group leader and his personality. This may have resulted in limitations on the overall value of the group process, and it certainly limited the group's ability to perpetuate group process independent of the leader's personality.

There is no denying that group leaders whose styles are well suited to these groups can have great value. Yet it also seems practical that there must be some specific recognizable format for group processing. This is necessary so that all members can interact independent of a particular group leader's style or personality.

This supports one of the philosophical positions that underly this group model that has been articulated before in this report. Restated a slightly different way, the group members must be allowed to absorb some of the group leadership functions if they are going to participate fully and get maximum benefit from the group experiences. This may have to occur at the expense of individuals leading the group solely on intuition or--in other terms--leading the group idiosyncratically.

Group number 11 supports the above analysis, but from the opposite perspective. This was also observed in group number seven. The group leader was quite inexperienced, and the situation was complicated by the fact that he was speaking English as a second language. As a result the leader was unsure of the correct procedures and his attempts at direct leadership were hampered by difficulty understanding some of what he was saying. Yet this group leader scored higher on the scale than the group leader in group number ten.

This also seems to speak directly to the heart of the practicum. Whether or not a group leader is talented or experienced, if the procedures are followed, the group itself will perform in a productive range. It is important for all group leaders to have procedural proficiency, not just talent and the personality for group leadership. In fact no matter how talented the group leader, if his style cannot be duplicated by less experienced staff, and by client group members, his overall usefulness to the group is quite limited.

The observation of group number 13 also provides a good example of more than adequate group leadership, yet this group leader is not necessarily predisposed as an intuitively talented group leader. This group leader demonstrates the benefits of following clear procedural guidelines. If the group were run on strength of personality, or on natural talent alone, this group leader would have had difficulty conducting adequate groups. This group leader was rather passive, initially lacked in self confidence, and did not at all presenting an imposing or dynamic personality picture. Yet, this group leader had diligently adhered to the procedural guidelines during his three years of experience as a group leader. In fact, this group leader had been advanced to supervisor of the treatment team; An accomplishment that would have been unlikely without specific structure, training, and guidelines in the group methods.

Recommendations

There are several recommendations related to future work that would enhance the usefulness of the practicum results:

1. Additional inquiry into the issue of the interrelationship of the group score and the group leader score should be initiated. It was outside the scope of this practicum to study this interrelationship, yet this information could be quite useful in determining issues such as cause and effect of the group leader and group behaviors.

2. It would be beneficial to look into the possibility of establishing statistically sound reliability and validity of

the scale. This could be quite useful as a program monitoring and program evaluation instrument.

3. In the same vein, is would be useful to determine whether rating only a portion of a group session would give a cross sectional view of representative of how the group is functioning overall. If this were accomplished along with recommendation #2 above, it would be possible to evaluate the level of group functioning in much less time. This would make the possibility of comprehensive program evaluation much more attainable by reducing the amount of time an evaluator would need to establish a measure of the level of functioning of a particular programs groups in general.

4. If inter rater reliability could be established, the rating scale would take on an even greater usefulness as a program evaluation tool.

5. It might also be useful to be able to rate group effectiveness on a dimension that would allow for an estimation as to how effective a group is being led, whether or not the group is in compliance with the model.

6. There is also a problem of inadequate means of scoring a passive group leader, who is in a high functioning group. With the rating scale in its current stage of development, it is difficult to tell whether a passive group leader in a high functioning group is purposefully diminishing his active group leadership role in order to give the group

desired autonomy, or if the group leader is simply passive and the group is running itself.

6. And finally, it would seem useful in the future to develop supervisors and managers who could administer the scale, which would improve the scope of the rating scale's usefulness.

Dissemination

The results of this practicum have caused interest among the seven agencies involved. Each of these agencies will implement a quality assurance plan related to the group treatment. The practicum report itself will be converted by the writer into a quality assurance justification and plan. The plan will include participation of manager and supervisor staff who will be trained as group observers. With the validation that the practicum results, an ideal frequency of group observations will be established, and the methods will be used regularly by the writer and other interested group observers.

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APPENDIX A

TELEPHONE QUESTIONNAIRE (PRE)

Name:
Title:
Program:
Date interviewed: November 4, 1991

Respondent data
yes___no___ Directly supervises group leaders.
yes___no___ Has received the Basic Training in the group model.
yes___no___ Acts as an administrator in the program.

Telephone Survey
Manager Interview Form

1. How would you rate the degree of effectiveness of the group model?

   ineffective
   somewhat effective
   effective
   very effective
   extremely effective

2. With what degree of conformity do you believe your program implements the group model.

   40% 50% 60% 70% 80% 90%

3. Do you know of a systematic and effective way to monitor the degree to which the groups are conforming to the group model.

   yes no

4. How would you rate your own ability to determine the degree to which specific groups are following the model at any given time?

   great confidence in my ability

   confidence in my ability

   some lack of confidence in my ability

   very limited confidence in my ability

APPENDIX B

FIRST DRAFT OF RATING SCALE

GROUP OBSERVATION
RATING SCALE

Name: ______________________________
Date: ______________________________

Group #: _______________ Evaluator: _______________________________

1 - Unsatisfactory
2 - Needs Improvement
3 - Satisfactory
4 - Very Good
5 - Outstanding

PRELIMINARY OBSERVATIONS:

Beginning Time: _______________ Ending Time: _______________

1. Are all staff members on time? 1 2 3 4 5
2. Are tardy group members addressed appropriately? 1 2 3 4 5
3. Is (staff) seating position appropriate? 1 2 3 4 5
4. Does facilitator adjust seating? 1 2 3 4 5
5. Does facilitator appear prepared? (i.e are all necessary materials present - incident reports, evaluation book, etc.) 1 2 3 4 5

SELF REPORTS:

Beginning Time: _______________ Ending Time: ____________________

1. Do self-reports reflect the highlights regarding areas of accountability since previous group meeting - both positive and negative? 1 2 3 4 5
2. Does facilitator use shaping devices during self-reports? (i.e. directing, questioning, positive accrediting, corrective critique, modeling). 1 2 3 4 5

3. Does facilitator make note of issues/agenda items raised by residents? 1 2 3 4 5

4. Does facilitator priorize agenda items? 1 2 3 4 5
If so, how effectively? 1 2 3 4 5

INDIVIDUALLY CENTERED ISSUES:
(5 step method)

Beginning Time: ____________ Ending Time: ________________

1. Does the issue begin with the facilitator directing (through use of incident reports and/or verbal confrontations by members). 1 2 3 4 5

2. Does resident mention the pre-incident, incident, and post-incident information? 1 2 3 4

5

3. Does step #1 - DEVELOPING THE PICTURE occur after resident's floor? 1 2 3 4 5

4. Does facilitator consolidate information? 1 2 3 4 5

5. Is the (step #1) information gathered within a reasonable amount of time? 1 2 3 4 5

6. Is the theme of the ISSUE (step #2) CLARIFIED/IDENTIFIED? 1 2 3 4 5

7. Is the DELIVERY OF FEEDBACK (step #3) balanced - positive and negative? 1 2 3 4 5

8. Does the facilitator use shaping devices throughout the delivery of feedback - (i.e. directing, questioning, positive accrediting, corrective critique, modeling)? 1 2 3 4

5

9. Does facilitator make correct judgements regarding when it is appropriate to use structured versus unstructured feedback? 1 2 3 4 5

10. Does feedback have helpful intent? 1 2 3 4 5

11. Is feedback specific rather than general? 1 2 3 4 5

12. Are residents allowed to give advice during feedback? 1 2 3 4 5

13. Does facilitator determine who is required to summarize the feedback? 1 2 3 4 5
If so, is facilitator creative when determining who will summarize feedback? 1 2 3 4 5

14. During GIVE AND TAKE OF DIALOGUE (step #4) is the content appropriate? (i.e. residents are not stating things they should have said during feedback or development of picture). 1 2 3 4 5
Is time limit for step #4 reasonable? 1 2 3 4 5
15. Does (step #5) MOVE ON follow in smooth fashion?1 2 3 4 5

GROUP CENTERED ISSUES:
(6 step method)

Beginning Time: ______________ Ending Time:______________

1. Are group centered issues processed? 1 2 3 4 5

2. Is (step #1) DEFINE THE PROBLEM addressed? 1 2 3 4 5

3. Does the group (step #2) DETERMINE THE SCOPE OF THE PROBLEM? (1 - 10) 1 2 3 4 5

4. Does the group (step #3) DIAGNOSE THE PROBLEM? 1 2 3 4 5

5. Does the group (step #4) DEVELOP SOLUTIONS? 1 2 3 4 5

6. Does the group (step #5) DESIGN AND DELEGATE FOR IMPLEMENTATION? 1 2 3 4 5

7. Does (step #6) MOVE ON follow in smooth fashion?1 2 3 4 5

--

EVALUATION PROCESS:
(7 step method)

Beginning Time: ______________ Ending Time:
____

2. Does facilitator begin with the (step #1) REVIEW of areas such as status criterion and incident reports - (group book information)? 1 2 3 4 5

3. Does resident begin with (step #2) SELF-EVALUATION including current goals/progress? 1 2 3 4 5

4. During (step #3) DELIVERY OF FEEDBACK, does the facilitator use shaping devices (i.e. directing (theme directed probes), questioning,

positive accrediting, corrective critique and modeling)? 1 2 3 4 5

5. Is feedback balanced (positive/negative)? 1 2 3 4 5

6. Does feedback have helpful intent? 1 2 3 4 5

7. Is the feedback summarized? 1 2 3 4 5

8. Does (step #4) DIALOGUE RELATED TO STATUS and/or (step #5) a VOTE occur following the summary of feedback? 1 2 3 4 5

9. Is the resident given the opportunity for (step #6) BRIEF VENTILATION of feelings? 1 2 3 4 5

10. Does (step #7) MOVE ON follow in smooth fashion?1 2 3 4 5

GENERAL CRITIQUE:

1. Does the facilitator appear to have a basic working knowledge of the group model? 1 2 3 4 5

2. How effective is the facilitator in his/her implementation of the group model? 1 2 3 4 5

3. Does the facilitator use appropriate interventions based on the various phases of group? (For example, Phase 1 = TEACHING INTERVENTION, Phase 2 = QUESTIONING INTERVENTION, Phase 3 = MODELING INTERVENTION). 1 2 3 4 5

4. Does the group appear to have a general understanding of the four (4) principles of group? (For example, 1 = RELEVANT ISSUE, 2 = OBSERVATION "I see", 3 = THOUGHT "I think", 4 = FEELING "I feel"). 1 2 3 4 5

5. Does the facilitator assist residents in following through appropriately with the four principles? 1 2 3 4 5

6. Does it appear (based on resident functioning within the group setting) as though residents have been involved in pre-group/post-group sessions? 1 2 3 4 5

GENERAL COMMENTS:

Areas of strength:

Areas in need of improvement:

APPENDIX C

SECOND DRAFT OF THE RATING SCALE

GROUP-CENTERED LEADERSHIP TRAINING

GROUP OBSERVATION RATING SCALE

EXPANDED VERSION

Group leader reviewed:______________________________

Reviewer/observer:______________________________

Program:______________________________

Unit:______________________________

Unit Supervisor:______________________________

Date of review:______________________________

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GROUP OBSERVATION RATING SCALE EXPANDED FORM

0 - Unsatisfactory
1 - Marginal Unsatisfactory
2 - Marginal Satisfactory
3 - Satisfactory
4 - Very Good
5 - Outstanding (Full compliance)

Note: **Bolded** terms can be found in the **Group-Centered Leadership Glossary**.

SECTION #1

Item #	OBSERVATION	SCORE
1.1	The group leader (GL) is prepared to begin the group on time.	
1.2	Tardy group members are addressed appropriately.	
1.3	The GL adjusts the seating appropriately.	
1.4	The GL uses interventions suited to the **Phases of Group Development** (ie. **Teaching, Questioning**, and **MODELING**).	
1.5	The timing of the interventions facilitates group composure while allowing adequate GM autonomy.	
1.6	The **3 diagnostic questions** are initiated when **group norms** breakdown.	
1.7	The GL intervenes appropriately following the 3 diagnostic questions.	
1.8	The GL guides the group back to the theme following the three diagnostic questions.	
1.9	The GL seems appropriately patient with the group's reactions to the 3 diagnostic questions (Phase II, **Questioning**).	
1.10	However, the GL does take control when it appears necessary (Phase I, **Teaching**).	
Section #1 subtotals # Items scored______ Points_______ **Compliance rating**______		
	SECTION #2	
2.1	The GL uses appropriate **shaping devices** during **feedback** (FB) (eg. **directing, questioning, positive accrediting, corrective critique**, and **MODELING**.	
2.2	The GL uses a wide range of the 5 shaping devices during FB.	
2.3	The GL uses shaping devices with appropriate frequency during FB.	

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Item #	OBSERVATION	SCORE
2.4	The GL appropriately uses the shaping device of **Directing** during the FB.	
2.5	The GL uses **Questioning** during FB.	
2.6	The GL uses **Positive accrediting** during FB.	
2.7	The GL uses **Corrective critique** during FB.	
2.8	The GL uses **MODELING** during FB.	
2.9	The GL selects the appropriate **format** for the FB; **systematic** (structured) vs. **random** (unstructured).	
2.10	The GL shapes the feedback consistent with the **four principles** of FB (1, **Relevant Issue**; 2, **Observation**-"I See;" 3, **Thought**-"I Think;" 4, **Feeling**-"I Feel."	
2.11	The GL's shaping of the feedback emphasizes the **10 Norms of feedback."**	
2.12	The GL's shaping emphasizes a broad range of the 10 Norms of feedback.	
2.13	The GL's shaping emphasizes the norm of **Helpful Intent**.	
2.14	The GL's shaping emphasizes the norm of **Material that can be changed**.	
2.15	The GL's shaping emphasizes the norm of **Words understood by all group members**.	
2.16	The GL's shaping emphasizes the norm of **Descriptive vs. judgmental**.	
2.17	The GL's shaping emphasizes the norm of **Specific vs. General**.	
2.18	The GL's shaping emphasizes the norm of **Statement vs. Question**.	
2.19	The GL's shaping emphasizes the norm of **Directed at the Recipient**.	
2.20	The GL's shaping emphasizes the norm of **No advice.**	
2.21	The GL's shaping emphasizes the norm of **Short and to the point**.	
2.22	The GL's shaping emphasizes the norm of **Balanced between positive and negative**.	
2.23	The GL appoints a group member to give the **Summary** of the feedback.	
2.24	The GL varies the strategy in eliciting the summary (ie. GM who was or was not paying attention, the recipient, or the GL).	
2.25	The GL emphasizes the **Main therapeutic point** of the FB following the summary if a GM is selected to give it.	
2.26	The GL initiates the use of FB at the correct times during group.	
2.27	The GL MODELS giving FB correctly, following all principles, and norms.	

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Item #	OBSERVATION	SCORE
Section #2 subtotals # Items scored______Points_______**Compliance rating______**		
SECTION #3		
3.1	The GL uses appropriate shaping devices during self-reports (SR's) eg. directing, questioning, positive accrediting, corrective critique, and MODELING.	
3.2	The GL uses a wide range of the 5 shaping devices during SR's.	
3.3	The GL uses shaping devices with appropriate frequency during SR's.	
3.4	The GL appropriately uses the shaping device of **Directing** during SR's.	
3.5	The GL appropriately uses **Questioning** during SR's.	
3.6	The GL appropriately uses **Positive accrediting** during SR'S	
3.7	The GL appropriately uses **Corrective critique** during SR's	
3.8	The GL appropriately uses **MODELING** during SR's.	
3.9	The GL's shaping emphasizes the **9 Norms for self-reports.**	
3.10	The GL's shaping emphasizes a broad range of the 9 Norms for self-reports.	
3.11	The GL's shaping emphasizes the norm of **Confrontations should follow each members self-report.**	
3.12	The GL's shaping emphasizes the norm of **Short and to the point.**	
3.13	The GL's shaping emphasizes the norm of **Covers the period since last self-report**.	
3.14	The GL's shaping emphasizes the norm of **Covers house or unit norm violations.**	
3.15	The GL's shaping emphasizes the norm of **Covers any Problems or conflicts with others**.	
3.16	The GL's shaping emphasizes the norm of **Covers any incidents related to individual goals**.	
3.17	The GL's shaping emphasizes the norm of **Covers any incident related to status criterion**.	
3.18	The GL's shaping emphasizes the norm of **Failure to bring up is sperate and more serious issue**.	
3.19	The GL's shaping of the SR's emphasizes the norm of **Condoning is a sperate and more serious issue**.	

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Item #	OBSERVATION	SCORE
3.20	The GL's shaping emphasizes the correct length of individual SR's (approximately less than one minute).	
3.21	The GL's shaping of the SR's emphasizes the correct overall length of the combined SR's (approximately less than 10 minutes).	
3.22	The GL's shaping of the SR's emphasizes the importance of the GM's being prepared when it is their turn.	
3.23	Following **each** GM's SR the GL orally identifies anything about that GM that is being put on the agenda.	
3.24	The GL MODELS giving a SR correctly and in the correct sequence.	
Sec5ion #3 subtotals **# Items scored______Points_______Compliance rating_______**		
	SECTION #4	
4.1	The GL identify's a clear transition into the **Individually Centered Issue** (5 step process).	
4.2	During the **5 step process** the GL first gives the subject (S) the opportunity to **Develop the picture** (DP) (step 1).	
4.3	The GL shapes so that **pre-incident** information is included.	
4.4	The GL shapes so that information about the **incident** itself is included.	
4.5	The GL shapes so that **post-incident** information is included.	
4.6	Following the subject GM's turn to DP the GL gives a shortened **consolidated** statement including only the **relevant** part of what the subject said.	
4.7	Following the consolidated statement, the GL invites other GM's to **add to the picture**.	
4.8	Following each addition of information, the GL continues to make consolidating statements that include only relevant information.	
4.9	The GL waits until all other GM's give information before reading an **incident report**, or presenting any other information about the incident.	
4.10	The GL makes no attempt to sort out the inconsistencies, but rather simply presents the consolidated statement **including any discrepancies**.	
4.11	The GL shapes the group in such a way that argument or debate in this step is minimized.	
4.12	The GL shapes so that a reasonable amount of time is used for **Developing the picture** (2 or 3 minutes ideally).	

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Item #	OBSERVATION	SCORE
4.13	Following the DP the GL asks the group to **Identify or Clarify the Issue** (step 2).	
4.14	Following some short dialogue from the GM's trying to Identify the Issue, the GL identifies and states the issue.	
4.15	Once the issue is stated, the GL picks **systematic** (structured) or **random** (unstructured) FB and notifies the group.	
4.16	The GL picks random or systematic FB according to the correct guidelines.	
4.17	Feedback is initiated (step 3) and the GL shapes for following the 10 norms.	
4.18	The GL shapes the group for applying the 4 principles.	
4.19	The GL correctly initiates the summary following the FB.	
4.20	The GL adds emphasis appropriately to the summary.	
4.21	The GL appropriately initiates the **Give and Take of Dialogue** (step 4).	
4.22	The GL shapes so that dialogue occurs according to appropriate guidelines (ie. short, relevant, helpful, etc.)	
4.23	The GL refrains from eliciting **proposals** for **consequences**, and encourages the group to suspend any judgements until the **progress** (status) **evaluation**.	
4.24	If proposals are made, the GL shapes to keep them appropriate and necessary.	
4.25	The GL shapes to encourage that any proposals of consequences are truly **remediations** with helpful intent, rather than punishments.	
4.26	The GL allows proposals for **concerns**, or **commitments (liabilities)**, but ensures that these are **time limited** at the time they are given.	
4.27	The GL allows for **re-evaluations** only when the issue meets the stipulated guidelines (serious law or probation violations, expelled from school, or chronic pattern of inappropriate behavior unresponsive to other interventions).	
4.28	The GL guides to terminate the process in a timely way (10 to 15 minutes overall), and the group **Moves On** (step 5) to the next issue.	
Section #4 subtotals **# Items scored______Points_______Compliance rating______**		
SECTION #5		
5.1	The GL identify's a clear transition into the **Group-Centered Issue** (6 step process).	

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Item #	OBSERVATION	SCORE
5.2	The GL shapes the group and gets them to **Define the Problem** (step 1) appropriately.	
5.3	The definition of the problem reflects the discrepancy between the condition (or situation) that exists and the desired (acceptable) condition.	
5.4	The GL elicits a rating from each group member (1-10) to **Determine the Scope** (step 2) of the Problem (how serious of a problem this is to the living unit's functioning).	
5.5	The GL asks GM's with excessively high or low ratings (outside the norm) to explain their rating.	
5.6	After the explanation of ratings, the GL again elicits a rating from each group member (1-10) on scope of the problem.	
5.7	The GL sets a tone encouraging flexibility for GM's to change their rating in view of new discussion.	
5.8	The GL MODELS interest in the explanations of the GM's who have given excessively high or low ratings.	
5.9	The GL gives adequate time for the explanations without unduly slowing down the group process.	
5.10	The GL allows the group to continue whether or not the GM's come close to agreement on their ratings.	
5.11	The GL directs the group as they attempt to **Diagnose the causes** (step 3) of the problem.	
5.12	The GL guides the group until **Consensus** is reached as they Diagnose the Causes.	
5.13	The GL guides the group until they **Consensually** agree and **Develop a Solution** (step 4).	
5.14	The GL ensures that a solution is agreed upon for every **cause** that was identified in step 3.	
5.15	The GL guides the group as they **Design and Delegate an Implementation Plan** (step 5).	
5.16	The GL ensures that the plan is specific, including **roles, time frames, resource, and evaluation.**	
5.17	The GL terminates the 6 step process allowing the group to **Move On** in a timely way (5 to 15 minutes in a scheduled group).	
Section #5 subtotals **# Items scored_____ Points______ Compliance rating______**		
SECTION #6		

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Item #	OBSERVATION	SCORE
6.1	The GL identify's a clear transition into the **Progress (Status) Evaluation** (7 step process).	
6.2	The GL ensures that there is a **Review of Information** (step 1).	
6.3	The GL ensures that the review includes an oral presentation by the S of current **status criterion** (C).	
6.4	The GL ensures that the review includes an oral presentation by the S of **individual goals** (G).	
6.5	The GL ensures that a staff member presents a review of the **highlights** of **Recent Attitude and Behavior Trends** (RABT).	
6.6	The GL influences the RABT so that it is presented concisely and limited to the appropriate length (1 or 2 minutes).	
6.7	It appears that the GL has ensured that the RABT has been prepared in advance (either by the GL or another staff member).	
6.8	The GL guides the process so that the S gives a **Self-Evaluation** (step 2).	
6.9	In the Self-Evaluation (SE), the S gives an oral presentation (in feedback format) regarding performance during the evaluation period.	
6.10	The SE relates back to material that comes from step 1 of the evaluation process.	
6.11	The GL shapes so that the S addresses both positive and negative aspects of the performance.	
6.12	The GL shapes so that only the **Most Important Positive** and the **Most Important Negative** is addressed in the SE.	
6.13	The GL uses the **Theme Directed Probe** (TDP) to elicit SE material with planned focus.	
6.14	The GL initiates the process of **Delivery of Feedback** (step 3) from GM's.	
6.15	The GL ensures that the **Systematic** (structured) format for FB is used.	
6.16	The GL shapes the FB so that it conforms to all **Principles** and **Norms** for FB.	
6.17	The GL shapes so that only the Most Important Positive and the Most Important Negative features of the performance are addressed in FB.	
6.18	The GL shapes to cause the FB to be focused on material that was presented in step 1 of the evaluation process.	
6.19	The GL uses the TDP to elicit FB material with planned focus.	

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Item #	OBSERVATION	SCORE
6.20	The GL elicits a **summary** appropriately, selecting a GM **randomly** to give it.	
6.21	The GL shapes so that the summary reflects **Trends** and **Points of Emphasis**.	
6.22	The GL shapes so that the summary reflects information from both the SE and the FB.	
6.23	The GL adds emphasis by restating the most important item from the SE and the FB.	
6.24	The GL initiates the **Give and Take of Dialogue** (step 4) between GM's.	
6.25	The GL ensures that the dialogue focuses on the material in steps 1-3.	
6.26	The GL shapes to ensure that the **proposal** for status is stated appropriately.	
6.27	The GL facilitates so that movement between the proposal and the **vote** is smooth and has continuity.	
6.28	GL requires a voice vote from **All GM's**, including **Non-status** (Non-status vote doesn't count but should be expressed).	
6.29	GL requires opposing GM's for explanation based on material in step 1 (when only 1 or 2 GM's oppose).	
6.30	GL requires consensus (unanimous vote) before finishing step 5.	
6.31	GL gives S a **Brief Opportunity to Ventilate** (step 6), an ensures that there is no **Rebuttal.**	
6.32	GL facilitates **Moving On** in a timely way (15 to 20 minutes for whole 7 step process).	
Section #6 subtotals **# Items scored______Points______Compliance rating______**		

See "Scoring Summary" on next page.

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SCORING SUMMARY			
Section number rating	Number items scored	Points	Compliance
Section #1			
Section #2			
Section #3			
Section #4			
Section #5			
Section #6			
Total all sections			

Overall Compliance Rating

Note: Content and layout: Kathy Hughes, MFCC & Jay Jones, LCSW
Scoring system: Valerie Van Hutton, Ph.D.

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APPENDIX D

THIRD DRAFT OF THE RATING SCALE

DRAFT: *For field testing purposes only.*

GROUP-CENTERED LEADERSHIP TRAINING

GROUP OBSERVATION RATING SCALE

EXPANDED VERSION

Group leader reviewed:____________________________________

Reviewer/observer:____________________________________

Program:____________________________________

Unit:____________________________________

Unit Supervisor:____________________________________

Date of review:____________________________________

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GROUP OBSERVATION RATING SCALE EXPANDED FORM

0 - Unsatisfactory
1 - Marginal Unsatisfactory
2 - Marginal Satisfactory
3 - Satisfactory
4 - Very Good
5 - Outstanding (Full compliance)

Notes: 1. Bolded terms can be found in the **Group-Centered Leadership Glossary.**
2. Abbreviations **GL=Group Leader** **G=Group**

SECTION #1

Item #	OBSERVATION	SCORE GL	SCORE G
1.1	GM's participate in getting one another to group appropriately.		
1.2	The GM's demonstrate preparation for group (eg. bathroom calls, etc).		
1.3	There is a businesslike and otherwise appropriate pre-group atmosphere.		
1.4	The GL is clearly identified and maintains the group leadership throughout the meeting.		
1.5	Other adult group members (AGM'S) acknowledge GL's role by confining their participation to MODELING and acting as group observers.		
1.6	The group leader (GL) and the group members are prepared to begin the group on time.		
1.7	Tardy group members are addressed appropriately.		
1.8	The GL adjusts the seating appropriately and/or GM's place themselves in group appropriately.		
1.9	A unit supervisor was in attendance during the entire group.		
1.10	The timing of the interventions facilitates group composure while allowing adequate GM autonomy.		
1.11	The GL uses primarily individually directed confrontations and comments rather than using **Mass Group Commentary.**		
1.12	The GL **checks out** questionable communication to ensure clarity.		
1.13	The GL appropriately uses an **active engaging style**.		
1.14	The GM's follow **basic group norms** (eg. one person talking at a time, stay on the issue, no **side talking**, etc.).		
1.15	The GL uses the **tag and file** method appropriately rather than getting into **control issues** or **power struggles** with individual GM's		

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Item #	OBSERVATION	SCORE GL	 G
1.16	The GL uses interventions suited to the **Phases of Group Development** (ie. **Teaching**, **Questioning**, and MODELING).		
1.17	The **3 diagnostic questions** are initiated appropriately by either the GM's or the GL when **group norms** breakdown.		
1.18	The GL or GM's intervene appropriately following the 3 diagnostic questions.		
1.19	The GL or GM's guide the group back to the theme following the three diagnostic questions.		
1.20	The GL and/or GM's seem(s) appropriately patient with the group's reactions to the 3 diagnostic questions (Phase II, **Questioning**).		
1.21	However, the GL does take control when it appears necessary (Phase I, **Teaching**).		
Secion #1 subtotals **Group leader:** # Items scored____ Points____ **Compliance rating**____% **Group:** # Items scored____ Points____ **Compliance rating**____%			
	SECTION #2		
2.1	The GL uses appropriate **shaping devices during feedback** (FB) (eg. **directing, questioning, positive accrediting, corrective critique,** and MODELING.		
2.2	The GL uses a wide range of the 5 shaping devices during FB.		
2.3	The GL uses shaping devices with appropriate frequency during FB.		
2.4	If necessary, the GL appropriately uses the shaping device of **Directing** during the FB.		
2.5	The GL uses **Questioning** during FB.		
2.6	The GL appropriately uses the **Theme directed probe** (TDP) (a theme specific subspecies of questioning or directing).		
2.7	The GL uses the TDP with appropriate frequency.		
2.8	The GL uses **Positive accrediting** during FB.		
2.9	If Positive accrediting is used, the GL correctly identifies **what makes the FB correct** (norm, etc.).		
2.10	The GL uses **Corrective critique** during FB.		
2.11	If Corrective critique is used, the GL correctly identifies **what makes the FB incorrect** (norm, etc.).		
2.12	The GL uses MODELING during FB.		

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Item #	OBSERVATION	SCORE GL	 G
2.13	The other AGM's use modeling during FB.		
2.14	The GL selects the appropriate **format** for the FB; **systematic** (structured) vs. **random** (unstructured) and the group responds appropriately.		
2.15	The GL shapes the feedback consistent with the **four principles** of FB (1, **Relevant Issue**; 2, **Observation**-"I See;" 3, **Thought**-"I Think;" 4, **Feeling**-"I Feel)."		
2.16	The GL and/or the GM's address the subject/recipient of the FB (S) by first name.		
2.17	If GL shapes and/or the GM's state the **Relevant Issue** of the feedback.		
2.18	The GL shapes and/or the GM's describe their **Observation** ("I see") related to the issue.		
2.19	The "I see" messages are **obviously connected** to the other 4 principles.		
2.20	The GL shapes and/or the GM's report their **Thoughts** ("I think") related to the issue.		
2.21	The "I think" messages are about the recipient and these are **obviously connected** to the other 4 principles.		
2.22	The GL shapes and/or the GM's report their **Feelings ("I feel")** related to the issue, and these are **obviously connected** to the other 4 principles.		
2.23	The "I feel" messages are not just a restatement of the Thought, but rather they identify genuine feelings.		
2.24	The GL's shaping and/or the GM's feedback emphasize the **10 Norms of feedback."**		
2.25	The GL's shaping emphasizes a broad range of the 10 Norms of feedback and/or the GM's FB reflects adherence a broad range of the 10 Norms.		
2.26	The GL's shaping and/or GM's emphasize the norm of **Helpful Intent**.		
2.27	The GL's shaping and/or GM's emphasize **Material that can be changed**.		
2.28	The GL's shaping and/or GM's emphasize **Words understood by all group members**.		
2.29	The GL's shaping and/or GM's emphasize **Descriptive vs. judgmental**.		
2.30	The GL's shaping and/or GM's emphasize **Specific vs. General**.		
2.31	The GL's shaping and/or GM's emphasize **Statement vs. Question**.		
2.32	The GL's shaping and/or GM's emphasize **Directed at the Recipient**.		

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Item #	OBSERVATION	SCORE GL	SCORE G
2.33	The GL's shaping and/or GM's emphasize **No advice.**		
2.34	The GL's shaping and/or GM's emphasize **Short and to the point.**		
2.35	The GL's shaping and/or GM's emphasize **Balanced between positive and negative.**		
2.36	The GL appoints a group member to give a **Summary** of the feedback.		
2.37	The GL shapes and/or th GM's participate so that the summary is given correctly, emphasizing **trends and points of emphasis.**		
2.38	The GL varies the strategy in eliciting the summary (ie. GM who was or was not paying attention, the recipient, or the GL).		
2.39	The GM's wait for the GL to assign the summary, indicating that this is a norm for the group.		
2.40	The summary is given correctly, emphasizing **trends and points of emphasis.**		
2.41	The GL emphasizes the **Main therapeutic point** of the FB following the summary.		

Section #2 subtotals

Group leader: # Items scored______Points______**Compliance rating**______%

Group: # Items scored______Points______**Compliance rating**______%

SECTION #3

3.1	The GL uses appropriate shaping devices during self-reports (SR's) eg. directing, questioning, positive accrediting, corrective critique, and MODELING.		
3.2	The GL uses a wide range of the 5 shaping devices during SR's.		
3.3	The GL uses shaping devices with appropriate frequency during SR's.		
3.4	The GL appropriately uses the shaping device of **Directing** during SR's.		
3.5	The GL appropriately uses **Questioning** during SR's.		
3.6	The GL appropriately uses the **Theme directed probe** (TDP) (a theme specific subspecies of questioning or directing).		
3.7	The GL appropriately uses **Positive accrediting** during SR'S		
3.8	If Positive accrediting is used, the GL correctly identifies **what makes the FB correct** (norm, etc.).		
3.9	The GL appropriately uses **Corrective critique** during SR's		

DRAFT: For field testing purposes only!!!!

Item #	OBSERVATION	SCORE	
		GL	G
3.10	The GL appropriately uses **MODELING** during SR's.		
3.11	The GL's shaping and/or GM's emphasize the **9 Norms for self-reports.**		
3.12	The GL's shaping and/or GM's emphasize a broad range of the 9 Norms for self-reports.		
3.13	The GL's shaping and/or GM's emphasize the norm of **Confrontations should follow each members self-report.**		
3.14	The GL's shaping and/or GM's emphasize **Short and to the point.**		
3.15	The GL's shaping and/or GM's emphasize **Covers the period since last self-report.**		
3.16	The GL's shaping and/or GM's emphasize **Covers house or unit norm violations.**		
3.17	The GL's shaping and/or GM's emphasize **Covers any Problems or conflicts with others.**		
3.18	The GL's shaping and/or GM's emphasize the norm of **Covers any incidents related to individual goals.**		
3.19	The GL's shaping and/or GM's emphasize the norm of **Covers any incident related to status criterion.**		
3.20	The GL's shaping and/or GM's emphasize the norm of **Failure to bring up is sperate and more serious issue.**		
3.21	The GL's shaping and/or the GM's SR's emphasize the norm of **Condoning is a sperate and more serious issue.**		
3.22	The GL's shaping and/or GM's emphasize the correct length of individual SR's (approximately less than one minute).		
3.23	The GL's shaping and/or GM's emphasize the correct overall length of the combined SR's (approximately less than 10 minutes).		
3.24	The GL's shaping and/or GM's results in GM's being prepared when it is their turn.		
3.25	Following **each** GM's SR the GL orally identifies anything about that GM that is being put on the agenda.		
3.26	The GL MODELS giving a SR correctly and in the correct sequence.		
3.27	The GL makes an announcement whenever an item is added to the group meeting agenda.		
3.28	The GL announces agenda items clearly and allows for a smooth transition between issues.		
3.29	The GL shows strategy and purpose in the prioritizing of the agenda.		

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Item #	OBSERVATION	SCORE	
		GL	G
3.30	The GL processes the agenda expediently.		
3.31	The GL seems to take into consideration the issue of GM **Attention and Concentration Abilities**.		
3.32	The ordering and processing of the agenda seems effective in the allocation of group time.		

Section #3 subtotals

Group leader: # Items scored______Points______**Compliance rating**______%

Group: # Items scored______Points______**Compliance rating**______%

SECTION #4

4.1	The GL and/or GM's make a clear transition into the **Individually Centered Issue** (5 step process).		
4.2	During the **5 step process** the GL and/or GM's first give the subject (S) an opportunity to **Develop the picture** (DP) (step 1).		
4.3	The GL shapes and/or GM's participate icluding **pre-incident** information.		
4.4	The GL shapes and/or GM's participate so that information about the **incident** itself is included.		
4.5	The GL shapes and/or GM's participate so that **post-incident** information is included.		
4.6	Following the subject GM's turn to DP the GL and/or a GM gives a shortened **consolidated** statement including only the **relevant** part of what the subject said.		
4.7	The GL invites other GM's to **add to the picture**, and/or GM's add appropriately.		
4.8	The GL continues to make consolidating statements that include only relevant information.		
4.9	The GL waits until all other GM's give information before reading an **incident report** or presenting any other information about the incident.		
4.10	The GL makes no attempt to sort out the inconsistencies in the DP, but rather allows all information to be presented including inconsistencies.		
4.11	The GL shapes and/or the GM's participate in such a way that **argument** or **debate** in this step is minimized.		
4.12	The GL shapes and/or the GM's participate so that a reasonable amount of time is used for **Developing the picture** (2 or 3 minutes ideally).		

Item #	OBSERVATION	SCORE	
		GL	G
4.13	Following the DP the GL asks, or the GM's begin to **Identify or Clarify the Issue** (step 2).		
4.14	After GM's try to Identify the Issue, the GL identifies and states the issue clearly (this can never be delegated).		
4.15	The GL states the issue in a neutral, rather than negative form.		
4.16	Once the issue is stated, the GL picks the **format** of either **systematic** (structured) or **random** (unstructured) FB, and notifies the group.		
4.17	The GL picks **random** or **systematic** format of FB according to the correct guidelines.		
4.18	The GL and/or the GM's follows the chosen format appropriately.		
4.19	Feedback is initiated (step 3) and the GL shapes and/or the GM's follow the **10 norms**.		
4.20	The feedback of the GL and the GM are focused on the identified issue.		
4.21	The GL shapes and/or the GM's apply the **4 principles**.		
4.22	The GL correctly initiates the **summary** following the FB.		
4.23	The GL emphasizes **the main therapeutic point** to the summary.		
4.24	The GL shapes and/or th GM's participate so that the summary is given correctly, emphasizing **trends and points of emphasis**.		
4.25	The GL appropriately initiates and/or the GM's engage in the **Give and take of Dialogue** (step 4).		
4.26	The GL shapes and/or the GM's participate so that dialogue occurs according to appropriate guidelines (ie. short, relevant, helpful, etc.)		
4.27	The GL and/or GM's refrain from eliciting **proposals** for **consequences**, and the group trys to suspend any judgements until the **progress** (status) **evaluation**.		
4.28	If proposals are made, the GL shapes and the GM's attempt to keep them appropriate and necessary.		
4.29	The GL shapes and/or the GM's participate to encourage that any proposals are truly **remediations** with helpful intent, rather than punishments.		
4.30	The GL and/or GM's allow proposals for **concerns**, or **commitments (liabilities)**, but these are **time limited** at the time they are given.		
4.31	The GL allows for **re-evaluations** only when the issue meets the stipulated guidelines (serious law or probation violations, expelled from school, or chronic pattern of inappropriate behavior unresponsive to other interventions).		

Item #	OBSERVATION	SCORE GL	SCORE G
4.32	The GL guides and/or the GM's proceed to terminate the process in a timely way (10 to 15 minutes overall), and the group **Moves On** (step 5) to the next issue.		
Section #4 subtotals	**Group leader:** # Items scored_____Points______**Compliance rating**______% **Group:** # Items scored_____Points______**Compliance rating**______%		
	SECTION #5		
5.1	The GL and /or the GM's identify a clear transition into the **Group-Centered Issue** (6 step process).		
5.2	The GL shapes and/or the GM's **Define the Problem** (step 1) appropriately.		
5.3	The definition of the problem reflects the discrepancy between the condition (or situation) that exists and the desired (acceptable) condition.		
5.4	The GL elicits a rating from each group member (1-10) to **Determine the Scope** (step 2) of the Problem (how serious of a problem this is to the living unit's functioning).		
5.5	The GM's state their ratings appropriately, demonstrating familiarity with the 6 step method.		
5.6	The GL asks GM's with excessively high or low ratings (outside the norm) to **explain** their rating, and/or GM's do so appropriately.		
5.7	After the **explanation** of ratings, the GL again elicits and/or gets a rating from each group member (1-10) on scope of the problem.		
5.8	The GL sets and/or the GM's maintain a tone encouraging flexibility for GM's to change their rating in view of new discussion.		
5.9	The GL MODELS interest in the explanations of the GM's who have given excessively high or low ratings.		
5.10	The GL and/or the GM's allow adequate time for the explanations without unduly slowing down the group process.		
5.11	The GL allows and/or the GM's do move on to the next step whether or not the GM's come close to agreement on their ratings.		
5.12	The GL directs the group and/or the GM's **Diagnose the causes** (step 3) of the problem.		
5.13	An appropriate amount of time is used to **Diagnose the Causes**.		

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Item #	OBSERVATION	SCORE	
		GL	G
5.14	The GL guides and/or the GM's participate until **Consensus** is reached as they **Diagnose the Causes.**		
5.15	The GL directs the group and/or the GM's **Develop solutions** (step 4) of the problem.		
5.16	The GL guides the group and/or the GM's dialogue until they **Consensually** agree on **Solutions** (step 4).		
5.17	The GL ensures and/or the GM's participate such that a solution is agreed upon for every **cause** that was identified in step 3.		
5.18	An appropriate amount of time is used to **Diagnose the Causes.**		
5.19	The GL guides the group as they **Design and Delegate an Implementation Plan** (step 5).		
5.20	The GL ensures and/or the GM's participte so that the plan is specific, including **roles, time frames, resource, and evaluation.**		
5.21	An appropriate amount of time is used to **Design and Delegate an Implementation Plan.**		
5.22	The GL and/or GM's terminate the 6 step process allowing the group to **Move On** in a timely way (5 to 15 minutes in a scheduled group).		
Section #5 subtotals **Group leader:** # Items scored______Points______Compliance rating______% **Group:** # Items scored______Points______Compliance rating______%			
SECTION #6			
6.1	The GL and/or the GM's identify a clear transition into the **Progress (Status) Evaluation** (7 step process).		
6.2	The GL and/or GM's ensure that there is a **Review of Information** (step 1).		
6.3	The GL and/or the S ensure that the review includes an oral presentation by the S of current **status criterion** (C).		
6.4	The GL ensure that the review includes an oral presentation by the S of **individual goals** (G).		
6.5	The GL ensures that a staff member presents a review of the **highlights of Recent Attitude and Behavior Trends** (RABT).		
6.6	The GL influences the RABT so that it is presented concisely and limited to the appropriate length (1 or 2 minutes).		

Item #	OBSERVATION	SCORE	
		GL	G
6.7	It appears that the GL has ensured that the RABT has been prepared in advance (either by the GL or another staff member).		
6.8	The GL guides and/or the GM's participate so that the S gives a **Self-Evaluation** (step 2).		
6.9	The GL shapes so that the S gives an oral presentation in the self evaluation (SE) (in feedback format) regarding performance during the evaluation period.		
6.10	The GL guides and/or the GM's participate so that the SE relates back to material that comes from step 1 of the evaluation process.		
6.11	The GL shapes so that the S addresses both positive and negative aspects of the performance.		
6.12	The GL shapes and/or the GM's participate so that only the **Most Important Positive** (MI+) and the **Most Important Negative** (MI-) is addressed in the SE.		
6.13	The GL shapes and/or the GM's Participate so that the MI+ and the MI- issues are stated in **neutral form**.		
6.14	The GL uses the **Theme Directed Probe** (TDP) to elicit SE material with planned focus.		
6.15	The GL and/or the GM's engage in the process of **Delivery of Feedback** (step 3) from GM's.		
6.16	The GL ensures and/or the GM's participate so that the **Systematic** (structured) format for FB is used.		
6.17	The GL shapes and/or the GM's participate so that the FB conforms to all **Principles** and **Norms**.		
6.18	The GL shapes and the GM's participate so that only the MI+ and the MI- features of the performance are addressed in FB.		
6.19	The GL shapes and/or the GM's focus FB on material that was presented in step 1 of the evaluation process.		
6.20	The GL uses the TDP to elicit FB material with planned focus.		
6.21	The GL elicits a **summary** appropriately, selecting a GM appropriately to give it.		
6.22	The GM's demonstrate familiarity with this method.		
6.23	The GL shapes and/or the GM's participate so that the summary reflects **Trends** and **Points of Emphasis**.		
6.24	The GL shapes and/or the GM's participate so that the summary reflects information from both the SE and the FB.		

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Item #	OBSERVATION	SCORE	
		GL	G
6.25	The GL adds emphasis by restating the most important item from the SE and the FB.		
6.26	The GL initiates and/or the GM's participate appropriately in the **Give and Take of Dialogue** (step 4) .		
6.27	The GL ensures and/the GM's participate so that the dialogue focuses on the material in steps 1-3.		
6.28	The GL shapes and/or the GM's participate to ensure that the **proposal** for status is stated appropriately.		
6.29	The GL facilitates and/or the GM's participate so that movement between the proposal and the **vote** is smooth and has continuity.		
6.30	GL requires ane/or GM's participate resultig in a voice vote from **All** GM's, including **Non-status** (Non-status vote doesn't count but should be expressed).		
6.31	GL requires opposing GM's for explanation based on material in step 1 (when only 1 or 2 GM's oppose).		
6.32	GL and/or GM's proceed appropriately in any endeavor to invalidate any GM's vote.		
6.33	GL requires and/or GM's acheive consensus (unanimous vote) before finishing step 5.		
6.34	GL gives S a **Brief Opportunity to Ventilate** (step 6), an ensures that there is no **Rebuttal.**		
6.35	GL facilitates **Moving On** in a timely way (15 to 20 minutes for whole 7 step process).		

Section #6 subtotals

Group leader: # Items scored______Points_______**Compliance rating**______%

Group: # Items scored______Points_______**Compliance rating**______%

See "Scoring Summary" on next page.

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SCORING SUMMARY

Scoring Feature	Section Number						
	#1	#2	#3	#4	#5	#6	Total
Group Leader #Items Scored							
#Points							
Compliance Rating	%	%	%	%	%	%	%
Group #Items Scored							
#Points							
Compliance Rating	%	%	%	%	%	%	%

OVERALL COMPLIANCE RATING

%

Note: Content and layout: Kathy Hughes, MFCC & Jay Jones, LCSW
Scoring system: Valerie Van Hutton, Ph.D.

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APPENDIX E

FINAL DRAFT OF THE RATING SCALE

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GROUP-CENTERED
LEADERSHIP TRAINING

GROUP OBSERVATION RATING SCALE

EXPANDED VERSION # 2.0
(Revised 5-4-92)

Group leader reviewed: ______________________________

Reviewer/observer: ______________________________

Program: ______________________________

Unit: ______________________________

Unit Supervisor: ______________________________

Date of review: ______________________________

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GROUP OBSERVATION RATING SCALE
EXPANDED FORM

0 - Unsatisfactory
1 - Marginal Unsatisfactory
2 - Marginal Satisfactory
3 - Satisfactory
4 - Very Good
5 - Outstanding (Full compliance)

Notes: 1. **BOLD** terms can be found in the **Group-Centered Leadership Glossary**.
2. Abbreviations **GL=Group Leader** **G=Group**

SECTION #1

Item#	OBSERVATION	SCORE	
		GL	G
1.1	**Group Memebers (GM's)** participate in getting one another to group appropriately.		
1.2	The **GM's** demonstrate preparation for group (eg. bathroom calls, etc).		
1.3	There is a businesslike and otherwise appropriate pre-group atmosphere.		
1.4	The **Group Leader (GL)** is clearly identified and maintains the group leadership throughout the meeting.		
1.5	Other **Adult Group Members (AGM'S)** acknowledge GL's role by confining their participation to MODELING and acting as group observers.		
1.6	The GL and the GM's **start the group on time**.		
1.7	**Tardy** GM's are addressed appropriately.		
1.8	The GL adjusts the seating appropriately and/or GM's place themselves in group appropriately.		
1.9	A unit supervisor was in attendance during the entire group.		
1.10	The timing of GL's interventions facilitates group composure while allowing adequate GM autonomy.		
1.11	The GL uses primarily **Individually Directed Messages** rather than using **Mass Group Commentary.**		
1.12	The GL/GM's **check out** questionable communication to ensure clarity.		
1.13	The GL appropriately uses an **active engaging style**.		
1.14	The GL **shapes** and/or GM's follow **basic group norms** (eg. one person talking at a time, stay on the issue, no **side talking**, etc.).		

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Item#	OBSERVATION	SCORE	
		GL	G
1.15	The GL uses the **tag and file** method appropriately rather than getting into **control issues** or **power struggles** with individual GM's		
1.16	The GL uses interventions suited to the **Phases of Group Development** (ie. **Teaching, Questioning**, and MODELING).		
1.17	The **3 diagnostic questions** are initiated appropriately by either the GM's or the GL when **group norms** breakdown.		
1.18	The GL or GM's respond appropriately following the 3 **diagnostic questions**.		
1.19	The GL or GM's guide the group back to the theme following the 3 **diagnostic questions**.		
1.20	The GL and/or GM's seem(s) appropriately patient with the group's reactions to the 3 diagnostic questions (Phase II, **Questioning**).		
1.21	However, the GL does take control when it appears necessary (Phase I, **Teaching**).		

Secion #1 subtotals

Group leader: # Items scored______Points_______**Compliance rating**______%

Group: # Items scored______Points_______**Compliance rating**______%

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SECTION #2

ITEM#	OBSERVATION	SCORE	
		GL	G
2.1	The GL uses appropriate **Shaping Devices (SD'S)** during **Feedback (FB)** (eg. **directing, questioning, positive accrediting, corrective critique**, and **MODELING**.		
2.2	The GL uses a **wide range** of SD's during FB.		
2.3	The GL uses SD's with appropriate **frequency** during FB.		
2.4	If necessary, the GL appropriately uses the shaping device of **Directing** during the FB.		
2.5	The GL uses **Positive Accrediting** during FB.		
2.6	If Positive Accrediting is used, the GL correctly identifies **what makes the FB correct** (norm, etc.).		
2.7	The GL uses **Corrective Critique** during FB.		
2.8	If Corrective Critique is used, the GL correctly identifies **what makes the FB incorrect** (norm, etc.).		
2.9	The GL uses **MODELING** during FB.		
2.10	The other **AGM's** use modeling during FB.		
2.11	The GL shapes and/or the GM's give the feedback consistent with the **Four Principles** of FB (1, **Relevant Issue**; 2, **Observation**-"I See;" 3, **Thought**-"I Think;" 4, **Feeling**-"I Feel)."		
2.12	The GL and/or the GM's **address the recipient of the FB (S)** by first name.		
2.13	If GL shapes and/or the GM's state the **Relevant Issue** of the feedback.		
2.14	The GL shapes and/or the GM's describe their **Observation ("I see")** related to the issue.		
2.15	The "**I see**" messages are **obviously connected** to the rest of the 4 **Principles**.		
2.16	The GL shapes and/or the GM's report their **Thoughts** ("I think") related to the issue.		
2.17	The "**I think**" messages are about the recipient and these are **obviously connected** to the rest of the 4 principles.		
2.18	The GL shapes and/or the GM's report their **Feelings ("I feel")** related to the issue, and these are **obviously connected** to the rest of the 4 principles.		
2.19	The "**I feel**" messages are not just a restatement of the **Thought**, but rather they identify genuine feelings.		

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	OBSERVATION	SCORE	
		GL	G
2.20	The GL's shaping and/or the GM's feedback emphasize the **10 Norms of Feedback."**		128
2.21	The GL's shaping emphasizes a **broad range** of the 10 Norms of feedback and/or the GM's FB reflects **adherence** a broad range of the 10 Norms.		
2.22	The GL's shaping, and/or GM's emphasize the norm of **Helpful Intent**.		
2.23	The GL's shaping and/or GM's emphasize **Material that can be changed**.		
2.24	The GL's shaping and/or GM's emphasize **Words understood by all group members**.		
2.25	The GL's shaping and/or GM's emphasize **Descriptive vs. Judgmental** (except on the "I think" message)..		
2.26	The GL's shaping and/or GM's emphasize **Specific vs. General**.		
2.27	The GL's shaping and/or GM's emphasize **Statement vs. Question**.		
2.28	The GL's shaping and/or GM's emphasize **Directed at the Recipient**.		
2.29	The GL's shaping and/or GM's emphasize **No Advice.**		
2.30	The GL's shaping and/or GM's emphasize **Short and to the point**.		
2.31	The GL's shaping and/or GM's emphasize **Balanced between positive and negative**.		

Section #2 subtotals

Group leader: # Items scored______Points_______**Compliance rating**______%

Group: # Items scored______Points_______**Compliance rating**______%

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SECTION #3

ITEM#	OBSERVATION	SCORE	
		GL	G
3.1	The GL uses appropriate **Shaping Devices (SD'S)** during **Self-Reports (SR's)** eg. **Directing, Questioning, Positive Accrediting, Corrective Critique, and MODELING.**		
3.2	The GL uses a **wide range** of the SD's during SR's.		
3.3	The GL uses SD's with appropriate **frequency** during SR's.		
3.4	The GL appropriately uses the SD of **Directing** during SR's.		
3.5	The GL appropriately uses **Questioning** during SR's.		
3.6	The GL appropriately uses **Positive Accrediting** during SR'S		
3.7	If Positive Accrediting is used, the GL correctly identifies **what makes the SR correct** (norm, etc.).		
3.8	The GL appropriately uses **Corrective Critique** during SR's		
3.9	If Corrective Critique is used, the GL correctly identifies **what makes the SR correct** (norm, etc.).		
3.10	The GL and/or AGM appropriately uses **MODELING** during SR's.		
3.11	The GL's shaping and/or GM's emphasize a broad range of the **9 Norms for Self-Reports.**		
3.12	The GL's shaping and/or GM's emphasize the norm of **Confrontations should follow each members self-report.**		
3.13	The GL's shaping and/or GM's emphasize **Short and to the point.**		
3.14	The GL's shaping and/or GM's emphasize **Covers the period since last self-report.**		
3.15	The GL's shaping and/or GM's emphasize **Covers house or unit norm violations.**		
3.16	The GL's shaping and/or GM's emphasize **Covers any problems or conflicts with others.**		
3.17	The GM's seem to **bring up their own** Problems or conflicts with others.		
3.18	The GL's shaping and/or GM's emphasize the norm of **Covers any incidents related to individual goals.**		
3.19	The GL's shaping and/or GM's emphasize the norm of **Covers any incident related to status criterion** (if applicable).		
3.20	The GL's shaping and/or GM's emphasize the norm of **Failure to bring up is SEPERATE AND MORE SERIOUS** issue.		

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ITEM#	OBSERVATION	SCORE	
		GL	G
3.21	The GL's shaping and/or the GM's SR's emphasize the norm of **Condoning is a SEPERATE AND MORE SERIOUS issue.**.		
3.22	The GL's shaping and/or GM's emphasize the correct **length of individual SR's** (less than one minute).		
3.23	The GL's shaping and/or GM's emphasize the correct overall length of the **combined** SR's (approximately less than 10 minutes).		
3.24	The GL's shaping and/or GM's participation results in GM's being **prepared when it is their turn**.		
3.25	The GL MODELS giving a **SR correctly** and in the **correct sequence**.		
3.26	The GL makes an **announcement** whenever an item **is added to the agenda**.		
3.27	The GL shows strategy and purpose in **prioritizing the agenda**.		
3.28	The GL and/or GM's **processes** the agenda **expediently**.		
3.29	When processing the agenda, the GL seems to take into consideration the issue of GM **Attention and Concentration Abilities**.		
3.30	The overall processing of the agenda seems effective in the **allocation of group time**.		

Section #3 subtotals

Group leader: # Items scored______Points_______**Compliance rating**______%

Group: # Items scored______Points_______**Compliance rating**______%

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ITEM#	OBSERVATION	SCORE GL	SCORE G
4.1	The GL and/or GM's make a clear transition into the **Individually Centered Issue** (5 step process).		
4.2	During the **5 step process** the GL and/or GM's first give the subject (S) an opportunity to **Develop the Picture** (DP) (step 1).		
4.3	The GL and/or GM's influence the S to use approptiate amount of time to **Develop the Picture.**		
4.4	The GL shapes and/or GM's participate icluding **pre-incident** information.		
4.5	The GL shapes and/or GM's participate so that information about the **incident** itself is included.		
4.6	The GL shapes and/or GM's participate so that **post-incident** information is included.		
4.7	Following the S's turn to DP the GL gives a shortened **consolidated statement** including only the **relevant** part of what the S said.		
4.8	Once the S has Developed the Picture, the GL and/or GM's **limit any additional development** by the S.		
4.9	The GL invites other GM's to **add to the picture**, and/or GM's add appropriately.		
4.10	The GL shapes and/or the GM's participate so that any additions to the picture are of **appropriate length** (30 seconds or so, no repetitious material).		
4.11	The GL shapes and/or GM's participate so that there is an appropriate amount of **detail** in any additions to the picture.		
4.12	The GL continues to make **consolidating statements** that include **only** relevant information.		
4.13	The GL includes relevant information from **all** GM's in each consolidating statement.		
4.14	The GL waits until all other GM's give information **before reading an incident report** or presenting any other information about the incident.		
4.15	The GL and/or GM's makes no attempt to sort out the **inconsistencies** in the DP, but rather allow all information to be presented **including inconsistencies.**		
4.16	The GL shapes and/or the GM's participate in such a way that **argument** or **debate** in this step is minimized.		

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ITEM#	OBSERVATION	SCORE	
		GL	G
4.17	The GL shapes and/or the GM's participate so that a reasonable amount of time is used for **Developing the Picture** (2 or 3 minutes ideally).		
4.18	Following the DP the GL asks, or the GM's begin to **Identify or Clarify the Issue** (step 2).		
4.19	After GM's try to **Identify the Issue**, the GL identifies and states the issue clearly (this can never be delegated).		
4.20	The GL states the issue in a **neutral**, rather than **negative** form.		
4.21	The GM's seem **familiar** with this method.		
4.22	The GL picks the **format** of either **systematic** (structured) or **random** (unstructured) FB, and notifies the group.		
4.23	The GL picks **random** or **systematic** format of FB according to the correct guidelines.		
4.24	The GL shapes and/or the GM's **follow the chosen format** appropriately.		
4.25	The feedback of the GL and the GM's are focused on the **identified issue**.		
4.26	The GM's wait for the GL to **assign the summary**, indicating that this is a norm for the group.		
4.27	The GL correctly **assigns the summary** following the FB (selecting who gives the summary can never be delegated).		
4.28	The GL shapes and/or the GM's participate so that the summary is given correctly, emphasizing **trends and points of emphasis**.		
4.29	The GL varies the **strategy of eliciting the summary** (ie. GM who was or was not paying attention, the S, or the GL).		
4.30	The GL emphasizes by restating **the main therapeutic point** to the summary.		
4.31	The GL appropriately initiates and/or the GM's engage in the **Give and Take of Dialogue** (step 4).		
4.32	The **dialogue** is of appropriate length (2 to 5 minutes, never exceeding the length of the **feedback**).		
4.33	The GL shapes and/or the GM's participate so that dialogue occurs according to **appropriate guidelines** (ie. short, relevant, helpful, etc.)		
4.34	The dialogue of the GL and the GM's is focused on the **identified issue**.		

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ITEM#	OBSERVATION	SCORE	
		GL	G
4.35	The GL and/or GM's refrain from eliciting **proposals** for **consequences**, and the group trys to suspend any judgements until the **progress** (status) **evaluation**.		
4.36	If **proposals** are necessary, the GL shapes and the GM's attempt to keep them appropriate and necessary.		
4.37	If proposals are made, the GL shapes and/or the GM's participate to encourage that these are truly **remediations** with **helpful intent**, rather than **punishments**.		
4.38	The GL and/or GM's allow proposals for **concerns**, or **commitments** (liabilities), but these are **time limited** at the time they are given.		
4.39	The GL allows for **re-evaluations** only when the issue meets the stipulated guidelines (serious law or probation violations, expelled from school, or chronic pattern of inappropriate behavior unresponsive to other interventions).		
4.40	The GL guides and/or the GM's proceed to terminate the process in a timely way (10 to 15 minutes overall), and the group **Moves On** (step 5) to the next issue.		

Section #4 subtotals

Group leader: # Items scored______Points_______**Compliance rating**______%

Group: # Items scored______Points_______**Compliance rating**______%

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ITEM#	OBSERVATION	SCORE	
		GL	G
5.1	The GL and /or the GM's identify a clear transition into the **Group-Centered Issue** (6 step process).		
5.2	The GL shapes and/or the GM's **Define the Problem** (step 1) appropriately.		
5.3	The definition of the problem reflects the **discrepancy between the condition** (or situation) **that exists and the desired** (acceptable) **condition.**		
5.4	The GL elicits a **rating** from each group member (1-10) to **Determine the Scope** (step 2) of the Problem (how serious of a problem this is to the living unit's functioning).		
5.5	The GM's **state their ratings appropriately**.		
5.6	The GM's **demonstrate familiarity** with the 6 step method.		
5.7	The GL asks GM's with excessively high or low ratings (outside the norm) to **explain their rating**, and/or GM's do so appropriately.		
5.8	After the **explanation** of ratings, the GL again **elicits gets a rating** from each group member (1-10) on **scope** of the problem.		
5.9	The GL sets and/or the GM's maintain a tone **encouraging flexibility for GM's to change** their rating in view of new discussion.		
5.10	The **GL MODELS interest in the explanations** of the GM's who have given excessively high or low ratings.		
5.11	The GL and/or the GM's allow **adequate time for the explanations** without unduly slowing down the group process.		
5.12	The GL allows and/or the GM's do move on to the next step **whether or not** the GM's come close to agreement on their ratings.		
5.13	The GL directs the group and/or the GM's **Diagnose the Causes** (step 3) of the problem.		
5.14	An appropriate amount of time is used to **Diagnose the Causes** (5 minutes or so).		
5.15	The GL guides and/or the GM's participate until **consensus** is reached as they **Diagnose the Causes.**		
5.16	The GL directs the group and/or the GM's **Develop Solutions** (step 4) to the problem.		
5.17	The GL guides the group and/or the GM's dialogue until they **consensually** agree on **solutions** (step 4).		

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ITEM#	OBSERVATION	SCORE	
		GL	G
5.18	The GL ensures and/or the GM's participate such that a solution is agreed upon for **every cause** that was **consensually identified** in step 3.		
5.19	An appropriate amount of time is used to **Diagnose the Causes**.		
5.20	The GL guides the group as they **Design and Delegate an Implementation Plan** (step 5).		
5.21	The GL ensures and/or the GM's participte so that the plan is specific. including **roles, time frames, resource, and evaluation.**		
5:22	An appropriate amount of time is used to **Design and Delegate an Implementation Plan** (5 minutes or so).		
5.23	The GL and/or GM's terminate the 6 step process allowing the group to **Move On** in a timely way (5 to 15 minutes in a scheduled group).		

Section **#5 subtotals**
Group leader: **# Items scored______Points_______Compliance rating______%**
Group: **# Items scored______Points_______Compliance rating______%**

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ITEM#	OBSERVATION	SCORE GL	 G
6.1	The GL and/or the GM's identify a clear transition into the **Progress (Status) Evaluation** (7 step process).		
6.2	The GL ensures that there is a **Review of Information** (step 1).		
6.3	The GL and/or the S ensure that the review includes an oral presentation by the S of current **status criterion** (if applicable).		
6.4	The GL ensure that the review includes an oral presentation by the S of **individual goals** (G).		
6.5	The GL or other **Adult Group Member (AGM)** presents a review of the **highlights** of **Recent Attitude and Behavior Trends (RABT).**		
6.6	The GL influences the review of **RABT** so that it is presented concisely and limited to the appropriate length (1 or 2 minutes).		
6.7	It appears that the GL has ensured that the RABT has been prepared in advance (either by the GL or another staff member).		
6.8	The GL guides and/or the S gives a **Self-Evaluation** (step 2).		
6.9	The GL shapes and/or the S gives an oral presentation in the **Self Evaluation (SE)** regarding **performance** during the evaluation period.		
6.10	The GL shapes and/or the S presents the SE in the appropriate **feedback format** (four principles).		
6.11	The GL guides and/or the GM's participate so that the SE relates back to material that comes from **step 1** of the **progress evaluation process** (the review).		
6.12	The GL shapes so that the S addresses both **positive** and **negative** aspects of the **performance**.		
6.13	The GL shapes and/or the GM's participate so that only the **Most Important Positive (MI+)** and the **Most Important Negative (MI-)** are addressed in the SE.		
6.14	The GL shapes and/or the GM's Participate so that the MI+ and the **MI- issues** are stated in **neutral form**.		
6.15	The GL uses the **Theme Directed Probe (TDP)** to elicit SE material. with **planned focus**.		
6.16	The **TDP** is used in the SE with apparent planned focus **(breadth or depth)**.		
6.17	The GL and/or the GM's engage in the process of **Delivery of Feedback** (step 3).		

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ITEM#	OBSERVATION	SCORE	
		GL	G
6.18	The GL ensures and/or the GM's participate so that the **Systematic** (structured) **format** for FB is used.		
6.19	The GL shapes and/or the GM's participate so that the FB conforms to all **Principles** and **Norms**.		
6.20	The GL shapes and the GM's participate so that only the **MI+** and the **MI-** features of the performance are addressed in FB (excluding the **TDP**).		
6.21	The GL shapes and/or the GM's focus FB on material that was presented in **step 1** of the evaluation process.		
6.22	The GL uses the **TDP** during the **Delivery of Feedback.**		
6.23	The **TDP** is used to elicit FB material with **planned focus**.		
6.24	The **TDP** is used with the appropriate **frequency**.		
6.25	The GM's **demonstrate familiarity** with this method.		
6.26	The GM's wait for the GL to **assign the summary**, indicating that this is a **norm** for the group.		
6.27	The GL correctly **assigns the summary** following the FB (selecting who gives the summary can never be delegated).		
6.28	The GL varies the **strategy of eliciting the summary** (ie. GM who was or was not paying attention, the S, or the GL).		
6.29	The GL shapes and/or the GM's participate so that the summary reflects **Trends** and **Points of Emphasis**.		
6.30	The GL shapes and/or the GM's participate so that the summary reflects information from both the **SE** and the **FB**.		
6.31	The GL **adds emphasis** by restating **the main therapeutic point** from the SE and the FB.		
6.32	The GL initiates and/or the GM's participate appropriately in the **Give and Take of Dialogue** (step 4) .		
6.33	The GL ensures and/the GM's participate so that the **dialogue** focuses on the material in **steps 1-3**.		
6.34	The dialogue is of appropriate length (5 minutes or so).		
6.35	The GL and/or GM's ensure that **concerns** or **commitments** (**liabilities**) are only proposed if the S has unsuccessfully acheived a **goal** in the same **attitudinal** or **behavioral** area.		
6.36	The GL shapes and/or the GM's participate to ensure that the **proposal** for **status and/or priveleges is stated appropriately**.		
6.37	The GL facilitates and/or the GM's participate so that movement between the **proposal** and the **vote** is smooth and has continuity.		

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ITEM#	OBSERVATION	SCORE	
		GL	G
6.38	GL requires and/or GM's participate resultig in a voice vote from **All** GM's, including **Non-status** (Non-status vote doesn't count but should be expressed).		
6.39	GL requires opposing GM's explanation based on material in step 1 (when only 1 or 2 GM's oppose).		
6.40	GL and or GM's proceed appropriately in any endeavor to **invalidate any GM's vote**.		
6.41	GL requires and/or GM's acheive **consensus (unanimous vote)** before finishing step 5 (not required for invalidating a vote but required for any other action).		
6.42	GL gives S a **Brief Opportunity to Ventilate** (step 6), and ensures that there is no **rebuttal.**		
6.43	GL facilitates **Moving On** in a timely way (15 to 20 minutes for whole 7 step process).		

Section #6 subtotals

Group leader: # Items scored______Points_______**Compliance rating**_______%

Group: # Items scored______Points_______**Compliance rating**_______%

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SCORING SUMMARY

Scoring Feature	Section Number						
	#1	#2	#3	#4	#5	#6	Total
Group Leader #Items Scored							
#Points							
Compliance Rating	%	%	%	%	%	%	%
Group #Items Scored							
#Points							
Compliance Rating	%	%	%	%	%	%	%

OVERALL COMPLIANCE RATING

%

Note: Content and layout: Kathy Hughes, MFCC & Jay Jones, LCSW
Scoring system: Valerie Van Hutton, Ph.D.

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APPENDIX F

TELEPHONE QUESTIONNAIRE (POST)

Name:
Title:
Program:
Date interviewed: April 17, 1992

Respondent data
yes___no___ Directly supervises group leaders.
yes___no___ Has received the Basic Training in the group model.
yes___no___ Acts as an administrator in the program.

Telephone Survey
Manager Interview Form

1. Are you familiar with the group evaluation project that has been in progress in your program?

yes no

2. Have you received and reviewed any of the Group observation Rating Scales?

yes no

3. How would you rate the degree of effectiveness of the group model?

ineffective
somewhat effective
effective
very effective
extremely effective

4. With what degree of conformity do you believe your program implements the group model.

40% 50% 60% 70% 80% 90%

5. Do you know of a systematic and effective way to monitor the degree to which the groups are conforming to the group model.

yes no

6. How would you rate your own ability to determine the degree to which specific groups are following the model at any given time?

great confidence in my ability

confidence in my ability

some lack of confidence in my ability

very limited confidence in my ability